

# OASIS

Alabama Department of  
Rehabilitation Services



**Title VII - Chapter 2**  
**Program Evaluation Report**  
**Federal Fiscal Year 2016**



*ADRS Mission: "to enable Alabama's children and adults with disabilities to achieve their maximum potential."*



# **Alabama Department of Rehabilitation Services**

## **OASIS Older Alabamians System of Information and Services**

### **Title VII-Chapter 2 Program Evaluation Report Federal Fiscal Year 2016**

*Prepared by*

**Kendra Farrow, MA, CVRT  
Anne Steverson, M.S.**

**National Research and Training Center  
on Blindness and Low Vision  
Mississippi State University  
P.O. Box 6189, Mississippi State, MS 39762  
[www.blind.msstate.edu](http://www.blind.msstate.edu)**

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# **Older Alabamians System of Information and Services**

Independent Living Services for Older Individuals Who Are Blind

## **Title VII-Chapter 2 Evaluation Report**

**Federal Fiscal Year 2016**

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### **INTRODUCTION**

#### **Background**

The Alabama Department of Rehabilitation Services (ADRS) is the designated state unit recognized by the federal Rehabilitation Services Administration (RSA) to deliver independent living (IL) services to older adults who are blind in the State of Alabama. The ADRS has a long and distinguished history of providing rehabilitation teaching services for older adults who are blind. The program has been successful in procuring federal support for providing IL services for more than 25 years and is one of only eight states that has received federal monies since the initiation of Title VII-Chapter 2 (VII-2) funding. Within ADRS, the Older Alabamians System of Information and Services Program, referred to as the OASIS Program, provides IL services to older adults with visual impairments. ADRS's success in acquiring VII-2 funds since 1987 has substantially contributed to a well-established OASIS Program with a high level of visibility within the state and in the nation.

***History of IL services.*** Throughout the nation, independent living programs serving older individuals who are blind are mostly funded under Title VII-Chapter 2 of the Rehabilitation Act of 1973, as amended. Federal funding for blindness-specific IL services to persons 55 and older was first made available to state vocational rehabilitation (VR) agencies under competitive 3-year demonstration projects (American Foundation for the Blind, 1999). In response to the success of these early projects, the 1978 Rehabilitation Act Amendments to

Title VII - Part C (now Title VII - Chapter 2) authorized discretionary grants to state VR programs to provide IL services for individuals age 55 or older who are blind or visually impaired. Funding for these services did not begin until congressional appropriations were allocated in 1986. Subsequently, state VR agencies were invited to compete for available dollars, with 28 IL programs funded in 1989 (Stephens, 1998).

In federal fiscal year (FFY) 2000, RSA's Chapter 2 Older Blind program reached a major milestone when it was funded at \$15 million (a 34% increase) and was thus moved from a discretionary grant program to a formula grant program. (The Rehabilitation Act of 1973, as amended, provides for formula grants in any fiscal year for which the amount appropriated under section 753 is equal to or greater than \$13 million.) These formula grants assure that all states, the District of Columbia, and the Commonwealth of Puerto Rico receive a minimum award of \$225,000. Guam, American Samoa, the United States Virgin Islands, and the Commonwealth of the Northern Mariana Islands are assured a minimum allotment of \$40,000. Specific allotments are based on the greater of (a) the minimum allotment or (b) a percentage of the total amount appropriated under section 753. This percentage is computed by dividing the number of individuals 55 and older residing in the state by the number of individuals 55 and older living in the United States (Rehabilitation Act Amendments of 1998).

The overall purpose of the Title VII, Chapter 2 program is to provide IL services to individuals who are age 55 and older whose significant visual impairment makes competitive employment extremely difficult to attain but for whom independent living goals are feasible. IL programs are established in all 50 states, the District of Columbia, and the territories. These programs help older blind persons adjust to blindness and to live more independently in their homes and communities.

Under federal regulations (Rehabilitation Act of 1973, as amended, Rule, 7-1-99), IL services for older individuals who are blind include:

1. services to help correct blindness, such as--
  - A. outreach services;
  - B. visual screening;



- C. surgical or therapeutic treatment to prevent, correct, or modify disabling eye conditions; and
  - D. hospitalization related to such services;
2. the provision of eyeglasses and other visual aids;
  3. the provision of services and equipment to assist an older individual who is blind to become more mobile and more self-sufficient;
  4. mobility training, braille instruction, and other services and equipment to help an older individual who is blind adjust to blindness;
  5. guide services, reader services, and transportation;
  6. any other appropriate service designed to assist an older individual who is blind in coping with daily living activities, including supportive services and rehabilitation teaching services;
  7. independent living skills training, information and referral services, peer counseling, and individual advocacy; and
  8. other independent living services.

Services generally provided by the State IL programs include blindness-specific services such as training in orientation and mobility, communications, and daily living skills; purchase of assistive aids and devices; provision of low vision services; peer and family counseling; and community integration services.

## **Estimated Prevalence of Visual Impairment in Alabama**

Estimates from the 2015 American Community Survey (ACS; Erickson, Lee, & von Schrader, 2017) indicate that Alabama has dropped to the fifteenth highest state prevalence rate for visual impairment (7.0%) among non-institutionalized individuals 65 and older. Visual disability is defined as individuals who are blind or who self-report having serious difficulty seeing even when wearing glasses. Historically, Alabama has had one of the higher rates of visual impairment in the United States, although this appears to be changing. The rate of visual impairment among Alabamians 65 and older has been dropping. ACS 2011 data reported a rate of 8.9%, 2012 at 8.2%, 2013 at 7.9%, and 2014 at 7.9%. Despite this positive trend, demand for services is not expected to

decrease since baby boomers began turning age 65 in 2011 (Colby & Ortman, 2014). According to the ACS 2015 data for Alabama, the estimated rate of vision loss broken down by age is as follows: for those 65-74 4.6% and for those ages 75 and older 10.6%. With the prevalence of vision loss increasing with age, the impact on OASIS services will only continue to increase as the baby boomers reach and pass age 75. Prevalence rates of visual impairment for different race and ethnic (Hispanic) groups for individuals age 65 and older are reported in Table 1. Rate of visual impairment for Alabamians age 65 and above across all races regardless of ethnicity is 7.0% compared with 6.4% for individuals nationwide. This higher prevalence rate is also true for Whites (6.7% vs. 5.8%), but is lower for Blacks (8.4% vs. 9.0%). The state prevalence rates and numbers for Asian Americans, Native Americans/Alaska Natives, and Hispanics with visual impairments are not included because the small sample size of these minority groups results in a large margin of error relative to the estimate.

Table 1: Alabama and U.S. Prevalence Rates of Visual Impairment by Race/Ethnicity, Age 65 & Above, 2015 ACS

Race/Ethnicity	Alabama		U.S.
	%	Number	
White, non-Hispanic	6.7%	39,600	5.8%
Black, non-Hispanic	8.4%	11,800	9.0%
Native American, Alaska Native, non-Hispanic*			11.8%
Asian American, non-Hispanic*			5.1%
Other, non-Hispanic*			8.9%
Hispanic, all races*			9.6%
Total, all races/ethnicity	7.0%	52,500	6.4%

\*Margin of Error relative to sample size precludes making reliable estimates of percentages and numbers.

## The OASIS Service Delivery Model

***Mission, goals, and objectives.*** The mission of the ADRS is "to enable Alabama's children and adults with disabilities to achieve their maximum potential." This mission is driven by common values, which are communicated to all staff and the general public via a document referred to as the "Blueprint for the 21<sup>st</sup> Century." The primary value underpinning the ADRS mission is to promote the worth, dignity, and rights of persons with disabilities. Within ADRS, the overall goal of the OASIS Program is to enhance the level of independence among the State's elderly population who are blind or visually impaired. To be eligible for the OASIS program, individuals must be age 55 or older, reside in the State of Alabama, and be blind or functionally visually impaired. In evaluating program success in meeting its goal and to provide a more scientific basis for assessing ongoing program efficacy, administrative staff are considering development of clearly defined and measurable objectives.

***OASIS Network.*** The OASIS model is founded upon a consumer-centered design that incorporates a broad range of service providers who are linked in a systematic fashion under an umbrella known as the OASIS Network. The Network includes over 40 agencies, organizations, and consumer groups serving the population of older individuals. Ongoing collaborations and partnerships within the network organizations maximize opportunities for OASIS consumers to receive a comprehensive and evidenced-based array of IL services and support. This comprehensive delivery of services—including a peer support network, a high level of collaboration and cross training with other organizations, coordination of a corps of service providers, and opportunities for joint marketing and outreach activities—promotes independence among the State's older adults with visual impairments. Building and maintaining collaborative partnerships is critical to augmenting traditional itinerant services in the home and center-based IL instruction across the state. Examples of FFY 2016 collaborative activities included:

- Staff represented OASIS at Senior Awareness events in May in Tuscaloosa, Bibb County, and Shelby County and in several other areas across the state.
- OASIS was represented at Support Sight Workshops hosted by Macula Vision and the Alabama Eyesight Foundation in Birmingham, Montgomery and Mobile.

- The OASIS Program Director represents ADRS and OASIS at the Alabama Vision Coalition meetings held quarterly

A list of collaborative activities is included in OASIS program highlights in the Site Review section of this report.

***Direct service staffing.*** The ADRS benefits from a long standing “joint service agreement” (beginning in the 1950s) with the Alabama Institute for the Deaf and Blind (AIDB) to provide funding to support personnel expenses for a majority of the service delivery staff in the OASIS Program. The joint service agreement with AIDB greatly strengthens the ability of OASIS staff to work with the older blind population in all 67 counties. When fully staffed, services are provided through a network of 20 vision rehabilitation therapists (VRTs) and six orientation and mobility (O&M) instructors positioned throughout the state in 11 ADRS offices. At the time of this site visit, the program had three VRT vacancies and two O&M vacancies. The program continues to purchase O&M services from certified independent contractors, as needed, to maintain coverage to all areas of the state. Three VRTs were employed at 1.0 FTE using VII-2 funds and devoted 100% of their time to the Program. The remaining VRTs and O&M specialists were employed with funds jointly provided by ADRS and AIDB and allocated 25% of their time to the OASIS Program. The FFY 2016 7-OB report shows that a total of 7.61 FTE individuals provided direct services to OASIS consumers and 5.21 FTE individuals provided administrative and support to the program. Thirteen of the individuals employed in the program had disabilities and six were visually impaired and sixteen were age 55 and older.

The positioning of VRTs and O&M specialists strategically throughout the State allows staff to more effectively and efficiently provide direct services and to be facilitators of teams of other professionals within the community who also provide relevant services to OASIS consumers. Each of the three VRTs who dedicate 100% of time to the OASIS program manages a caseload of approximately 20-30 elders at any given time and are allotted \$6,500 annually from VII-2 funds. Related to OASIS, Caseload numbers and allotments vary at a reduced rate for the remaining 17 VRTs. These individuals generally allocate 25% of their time to the program and are allotted \$3,000 in VII-2 funds. O&M specialists receive approximately \$1,000 in VII-2 funds. In addition to any

designated IL allotments, additional funding for costlier devices such as video magnifiers (CCTVs) are available from other agency sources. In FFY 2016, \$47,475 was spent on assistive technology devices. CCTVs and other high end technology, when available, are also recycled into the community.

The OASIS Program is designed to meet the needs of both rural and urban segments of the population of elders who are visually impaired throughout Alabama. Services are provided in an itinerant format with one-on-one services and in group settings. Center-based services are provided in Birmingham, Dothan, Mobile, Muscle Shoals, and Huntsville in collaboration with AIDB regional centers and the Wiregrass Rehabilitation Center in Dothan. The itinerant model with staff living in adjacent or the same locales as their consumers has proven to be very effective in identifying and utilizing local resources to support specific needs of consumers. This "consumer-centered" approach, which emphasizes integration into the consumer's primary environment, is both practical and effective for teaching the critical skills of daily living to older adults with vision loss.

**Service plan.** The vision rehabilitation therapist collaborates with each consumer in the development of a written Individualized Plan for Teaching Services (IPTS). Information from a pre-assessment tool evaluating the consumer's functioning in 15 IL areas is used in developing the plan. Areas assessed include personal management, money management, low vision, communication skills, technology, orientation and mobility, meal preparation, clothing care, general home management, general home safety, childcare, leisure time activities, job readiness, and information and referral. The resulting IPTS addresses key observed and expressed needs identified by the consumer and therapist leading to a program of services designed to facilitate the individual's movement toward independence. The vision rehabilitation therapist is responsible for providing, arranging, and coordinating the services outlined in the consumer's IPTS.

**Management and training coordinator staff.** *Mr. W. Ashley Townsend* is the State Office Administrator for Blind and Deaf Services. Among his multiple roles, Mr. Townsend serves as the Director of the OASIS program (.25 FTE at no cost to the program). As Director, he has primary responsibility for program activities related to personnel and fiscal management, public relations, and

reporting of activities. He is responsible for assisting in the management of Blind and Deaf Programs, other special projects, and is liaison to the Alabama Institute for the Deaf and Blind in his position as State Office Administrator. Mr. Townsend was employed in this position in 2014 and has extensive experience in the rehabilitation field, including working in various administrative and direct service delivery capacities within ADRS.

Mr. Townsend supervises the OASIS Program Coordinator, *Mr. Matthew Haynes* (1.0 FTE), and the Rehabilitation Teaching and Orientation and Mobility Coordinator, *Mrs. Lenore Dillon* (.25 FTE at no cost). Mr. Haynes is responsible for day-to-day program management of the OASIS program, including supervision of the three full-time vision rehabilitation therapists serving OASIS consumers out of the Homewood office. He is responsible for overall program implementation and statewide coordination of program activities to achieve program objectives through a statewide network of peer supporters, an active case management system, local OASIS interagency teams, fiscal management, public relations and reporting activities. Mr. Haynes was employed in this position in 2014. He also has extensive work experience in the field of rehabilitation, having worked in several direct service capacities within ADRS before being appointed to his current position. Mrs. Dillon's position was created in FFY 2010. She is responsible for statewide consultation, technical assistance, training, and quality control for all of the VRT & O&M programs, including the OASIS program. Ms. Dillon is a Certified Vision Rehabilitation Therapist and has extensive experience in blindness rehabilitation, including administrative and direct service delivery appointments in Indiana and Illinois before coming to ADRS.

**Advisory Council.** A statewide Advisory Council representing over 25 agencies, organizations, and consumer groups meets quarterly to assist in the ongoing development of a responsive service model. The Council is composed of representatives from a broad number of agencies and organizations which include the following: the Alabama Department of Rehabilitation Services; the Alabama Department of Human Resources; OASIS Support Groups; the Alabama Department of Senior Services; Alabama's Independent Living Centers; the Alabama Department of Mental Health; the Alabama Chapter of the American Council of the Blind; the Alabama Chapter of the National Federation of the Blind; the Blinded Veterans Association; the Alabama Radio Reading Service; the University of Alabama in Birmingham Center for Low Vision Rehabilitation; the

VA Visual Impairment Services Team (VIST) Program; the Alabama Institute for the Deaf and Blind Regional Centers; EyeSight Foundation of Alabama; the Alabama Vision Coalition; and the business community. Emphasis is placed upon consumer and minority participation in policy making, program administration, and service delivery. The Advisory Council is well organized and highly effective.

## **Purpose and Organization of Report**

The purpose of this evaluation report is to review the OASIS Program in relation to how well it has assisted consumers in meeting goals for independence during FFY 2016 (October 1, 2015 through September 30, 2016). Further, evaluation data is used to identify and implement evidenced-based policies and interventions resulting in increased quality of IL services delivered to consumers. The external evaluation process included the following major activities:

- Implementation of evaluation activities, including review and revision of the primary data collection instrument (Program Participant Survey);
- Analysis and interpretation of secondary data including consumer disability, demographic, and service data from the annual RSA 7-OB report to identify statewide consumer characteristics and trends within the population served;
- Collection, analysis, and interpretation of responses from program participants regarding their functioning on independent living tasks and the service delivery process;
- Completion of activities relating to the site-visit; and
- Preparation of the program evaluation report.

In addition to this introductory section, this report includes method, results and discussion, and conclusion sections. The method section provides information regarding selection of study participants, instruments used for collection of service, satisfaction, and outcome data, procedures used to collect data, and the techniques used for data analysis. The results and discussion section provides aggregate data on consumer demographics for all consumers served by the OASIS program in FFY 2016. In addition, consumer demographics and findings regarding consumer functioning on specific IL tasks or domains are

reported for those consumers closed during FFY 2016 who completed the Program Participant Survey. Demographic data elements include age, gender, race, living arrangement, reported eye conditions, and reported other health conditions. Information from an onsite review is also reported in the results section. The final section of this report provides a summary of evaluation findings, including a list of program recommendations and commendations.

The National Research and Training Center (NRTC) on Blindness and Low Vision staff at Mississippi State University (MSU) assigned to this project include Kendra Farrow, CVRT, Project Director, and Anne Steverson, M.S.



## METHOD

This study used a mixed-method research design to collect program evaluation information from a variety of sources. Information from the Independent Living Services 7-OB annual report for FFY 2016 was used to describe demographic and disability characteristics of all consumers receiving Title VII - Chapter 2 services in Alabama. In addition, the Program Participant Survey (see Appendix A) was used to collect demographic, satisfaction, and outcome data from consumers closed by the OASIS program in FFY 2016. These sources of data are further described in the “Instruments” subsection below. Finally, the NRTC Project Director conducted an on-site review to gather additional program information not available from the data collection instruments.

### Instruments

***Annual 7-OB Report.*** All state IL programs receiving Title VII - Chapter 2 funding must submit a completed 7-OB report to Rehabilitation Services Administration (RSA) approximately 3 months after the close of each fiscal year. Information reported on the 7-OB includes funding sources and amounts, staff composition and numbers, and consumer demographic, disability, services, and outcome data. Demographic and disability data from the OASIS FFY 2016 7-OB report are summarized in this report, and when appropriate, aggregate demographic data are compared to similar data from the Program Participant Survey. A copy of the complete report submitted to RSA is included in Appendix C.

***Program Participant Survey.*** During the previous year’s site visit (September 2015), OASIS and MSU project staff reviewed and made slight revisions to the 2016 Program Participant Survey. The revised Program Participant Survey included 28 questions (see Appendix A). The first four questions solicited feedback from consumers regarding their perceptions on how services were provided, i.e., consumers were asked to rate their level of agreement with statements regarding timeliness of services; staff’s attentiveness and interest in their well-being; staff’s familiarity with blindness techniques and aids/devices; and general satisfaction with the quality of services. The next eight questions assessed consumers’ current perceptions of their functioning since

receiving services in the following areas: orientation and mobility, activities of daily living, use of a magnifier, ability to use devices, dependence upon others, confidence in maintaining their current living situation, understanding services for individuals with vision loss, and attending a peer support group. In each question a positive statement about an increase in functioning was provided and the participant was asked to agree, disagree, indicate they had not received the service, or indicate they would have like to receive the service. Consumers were asked to provide suggestions for program improvement and what the greatest difference the program made in their lives. In the last section of the survey, consumers responded to 13 demographic and disability questions.

## **Procedures**

The NRTC prints and mails the Program Participant Surveys along with “free matter for the blind” self-addressed envelopes to the OASIS Program Coordinator. The Program Coordinator then disseminates surveys to direct service delivery staff. Consumers are provided surveys at closure and are asked to complete and return them to the National Research and Training Center at MSU. Consumers are also told that they have the option of calling the MSU-NRTC toll free number for assistance in completing the survey via telephone. Consumers are provided information regarding the purpose of the survey and that their participation is voluntary, their responses will remain anonymous, and data will be reported only in aggregate fashion. The survey is exempted by the Institutional Review Board (IRB) for the protection of human subjects at MSU. OASIS administrators complete the annual RSA 7-OB report after the close of the fiscal year and provide MSU staff with a copy to use in writing this evaluation report.

## RESULTS AND DISCUSSION

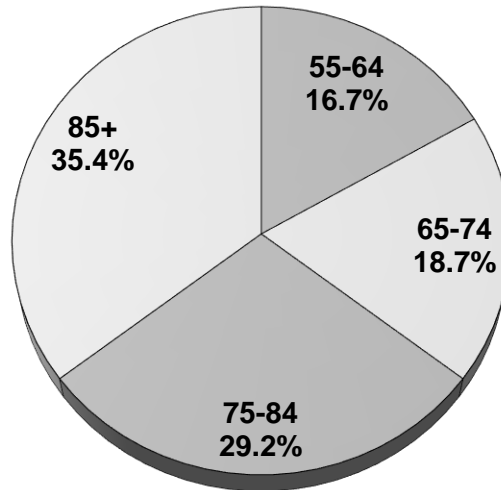
Included in this section are findings from the FFY 2016 RSA 7-OB report. Descriptive data on demographic and disability characteristics and outcome data on all consumers served during the fiscal year are reported. Next, descriptive and outcome data from the 2016 Program Participant Survey are presented. Only consumers who received services and who were closed during the FFY were asked to complete the survey. When appropriate, data from survey findings are compared with data from the 7-OB report to assess generalizability (representativeness) of survey findings to all cases served during the year. Information collected from the annual site review is then reported.

### **Annual 7-OB Report – Demographic and Outcome Data**

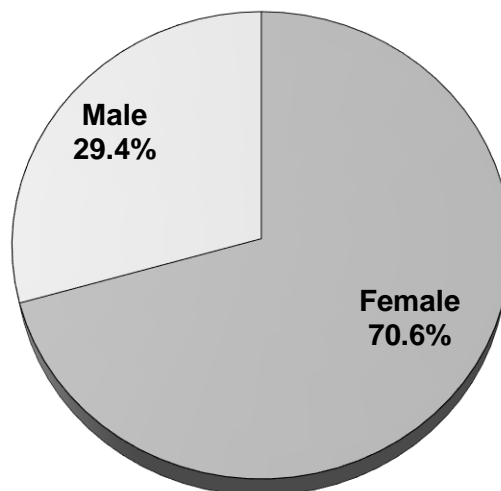
The OASIS program served 1,024 individuals in FFY 2016. The majority of consumers served were age 75 and over (65%,  $n = 662$ ). Approximately 17% were ages 55-64 ( $n = 171$ ), 19% were 65-74 ( $n = 191$ ), 29% were 75-84 ( $n = 299$ ), and 35% ( $n = 363$ ) were 85 and over. Most were female (71%,  $n = 723$ ). Consumers were asked to self-report their race and ethnicity. The vast majority of consumers reported being White (78%,  $n = 795$ ), followed by African American (22%,  $n = 226$ ), American Indian/Alaska Native ( $n = 2$ ), and Asian ( $n = 1$ ). Approximately 46% ( $n = 474$ ) were legally blind (includes those with “light perception” or “no light perception”). The major cause of visual impairment for the majority was macular degeneration (50%,  $n = 516$ ), followed by glaucoma (18%,  $n = 180$ ), diabetic retinopathy (9%,  $n = 93$ ), cataracts (2%,  $n = 21$ ), and all other causes (21%,  $n = 214$ ). The four most reported non-visual health conditions were cardiovascular issues (65%,  $n = 670$ ), followed by musculoskeletal issues (55%,  $n = 565$ ), hearing impairment (39%,  $n = 403$ ), and diabetes (34%,  $n = 347$ ).

Aggregate data on age, gender, race/ethnicity, degree of visual impairment, major cause of visual impairment, and other health conditions for all individuals served in the OASIS program during FFY 2016 are presented in figures 1 through 6. Please note that due to rounding or when multiple responses were allowed, percentages may not add up to exactly 100%.

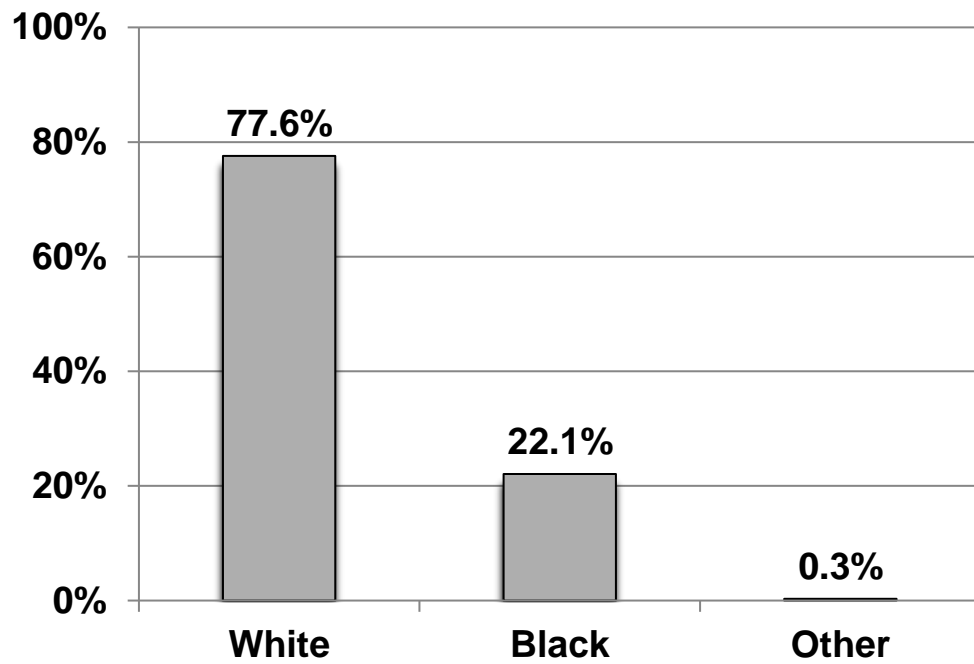
**Figure 1: Consumers by Age**



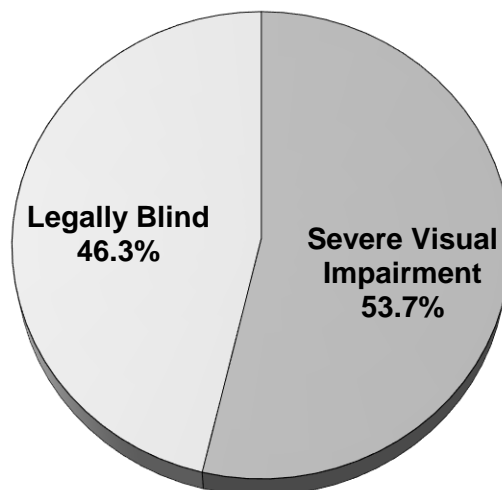
**Figure 2: Gender**



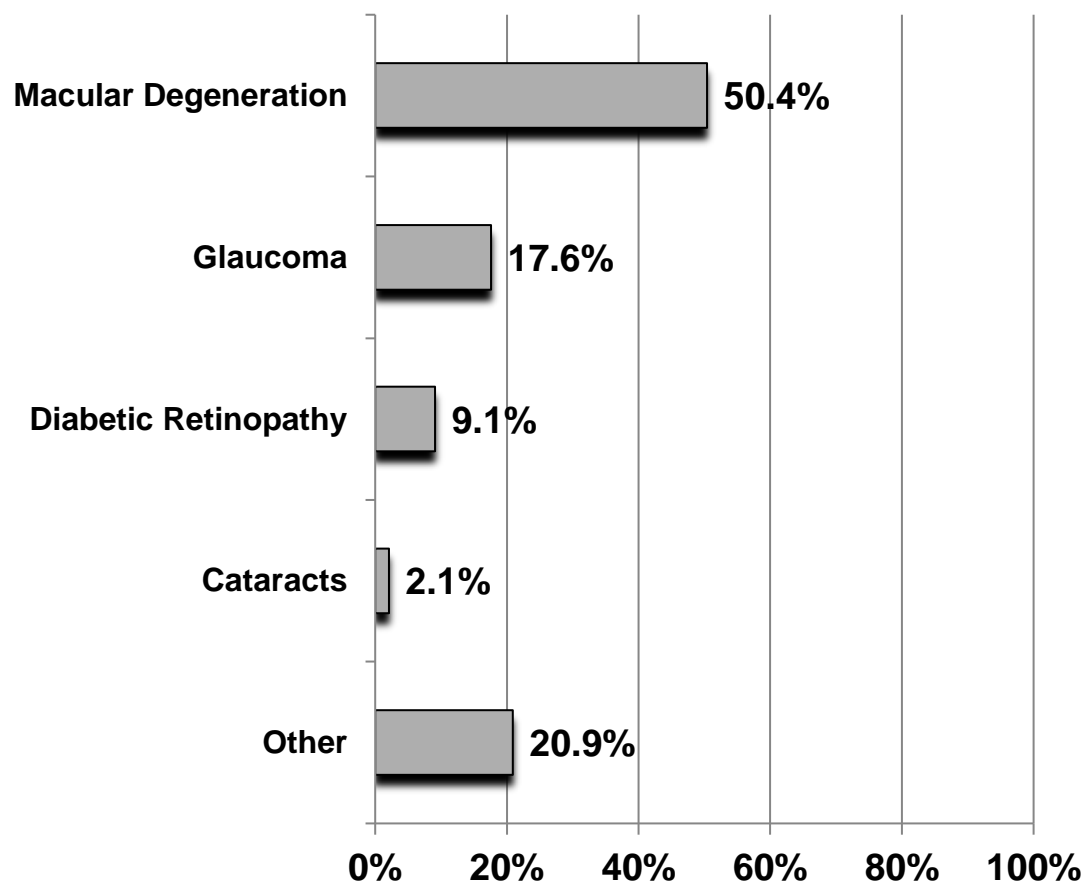
**Figure 3: Race/Ethnicity**



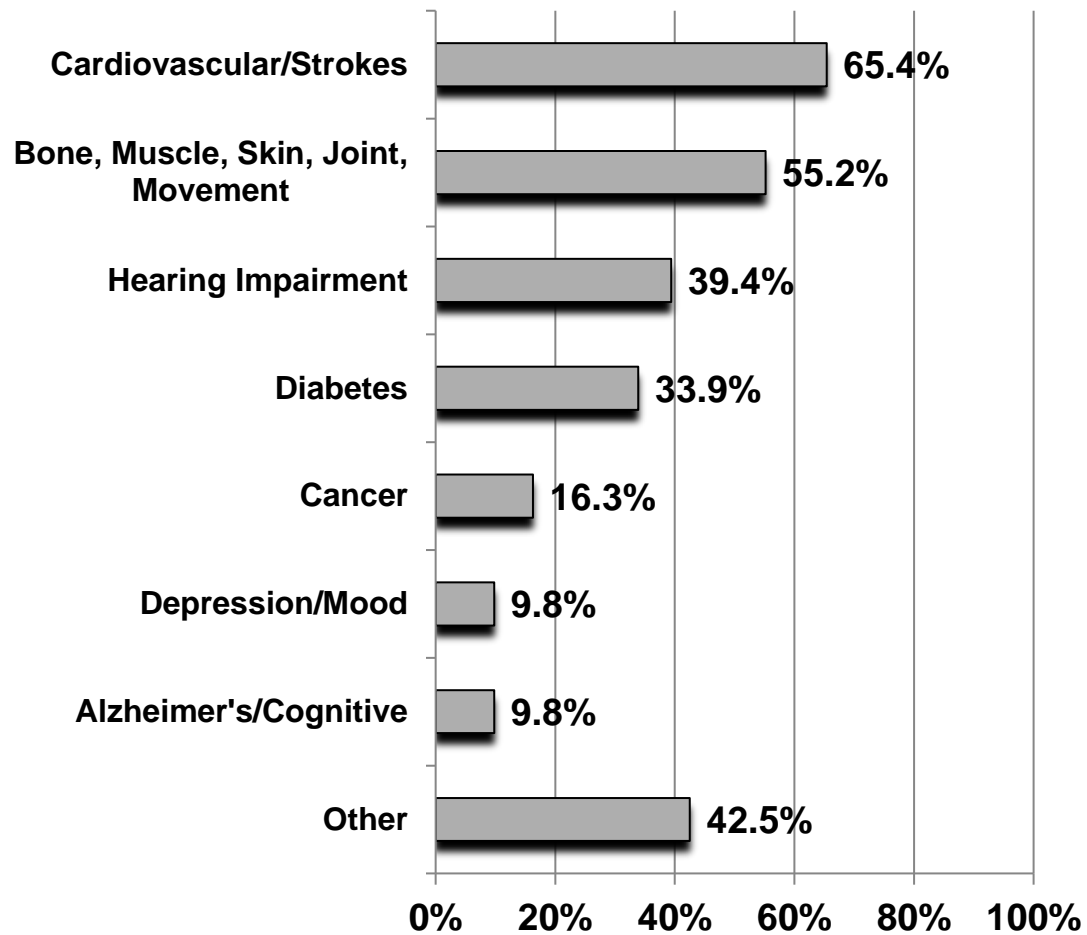
**Figure 4: Degree of Visual Impairment**



**Figure 5: Major Cause of Visual Impairment**



**Figure 6: Non-Visual Health Conditions**



**Other consumer demographics.** The vast majority of consumers lived in private residences (90%,  $n = 916$ ); 54 consumers lived in senior living/retirement communities; 41 in assisted living facilities; and 13 in nursing homes or long-term care facilities. The primary source of referral of consumers was eye care provider (25%,  $n = 256$ ), followed by self-referral (21%,  $n = 218$ ), family member or friend (21%,  $n = 217$ ), government or social service agency (17%,  $n = 172$ ), state VR agency (8%,  $n = 82$ ), physician/medical provider (2%,  $n = 17$ ), senior center (1%,  $n = 8$ ), and other sources of referral (4%,  $n = 40$ ).

**Services.** Table 2 lists types of services and number and percentages of consumers receiving each service for FFY 2016. A total of 1,024 consumers (non-duplicated count) received one or more of the following services. In comparison, 1,027 consumers received one or more of these services in FFY 2015.

**Table 2: Services by Number and Percentage**

	<b>Number</b>	<b>Percentage</b>
<b><i>Clinical/functional vision assessment and services</i></b>		
Vision screening	231	22.6%
Surgical or therapeutic treatment	0	0.0%
<b><i>Assistive technology devices and services</i></b>		
Provision of assistive technology devices/aids	827	80.8%
Provision of assistive technology services	868	84.8%
<b><i>Independent living and adjustment training and services</i></b>		
Orientation and Mobility training	201	19.6%
Communication skills	586	57.2%
Daily living skills	769	75.1%
Supportive services	4	0.4%
Advocacy training and support networks	222	21.7%
Counseling	409	39.9%
Information, referral and community integration	471	46.0%
Other IL services	554	54.1%



***Program outcomes/performance measures.*** Data on the number of individuals who were served in FFY 2016 and who had gained or maintained functioning in key IL areas (assistive technology, O&M, communication skills, daily living skills) at case closure are reported in the following bullets. *Note that a large number of consumers would still be receiving services at the close of the reporting period and that IL functioning in the different IL areas may not be assessed until consumers' cases are closed from services.*

- Of the 868 consumers receiving assistive technology services, 583 (67%) at case closure had either gained or maintained functional abilities previously lost or diminished as a result of their vision loss; functioning had not been determined for 281 consumers still receiving services.
- Of the 201 consumers receiving O&M services, 139 (69%) at case closure had either gained or maintained their ability to travel safely and independently in their residence and/or community environment; functioning had not been determined for 61 consumers still receiving services.
- Of the 586 consumers receiving communication skills training, 397 (68%) at case closure had either gained or maintained their ability to engage in customary life activities; functioning had not been determined for 189 consumers still receiving services.
- Of the 769 consumers receiving daily living skills training, 541 (70%) at case closure had gained or maintained their functional ability to engage in customary daily life activities; functioning had not been determined for 228 consumers still receiving services.
- Of the 734 closed consumers responding to questions regarding changes in their feelings of control and confidence in their ability to maintain their current living situations, 702 (96%) reported greater control and confidence and 30 (4%) reported no change in control and confidence. Only two individuals reported less control and confidence in their ability to maintain their current living situations.

## **Program Participant Survey (Closed Cases Only)**

Alabama's OASIS program closed 735 cases in FFY 2016: 681 were closed as rehabilitated; 11 closed due to death, and the remaining 43 closed for other reasons. At closure, consumers receive the Program Participant Survey and are asked to complete and mail to the NRTC at MSU. Consumers are also given an option to call a toll-free number for assistance in completing surveys. Data from 268 closed consumers were available for analyses, a 39% response rate—a 3% increase from the FFY 2015 rate. In evaluating the generalizability (representativeness) of survey findings to the entire population of closed consumers, we have compared aggregate survey data with similar demographic and disability data describing all consumers served in FFY 2016, when reported on Alabama's RSA 7-OB report.

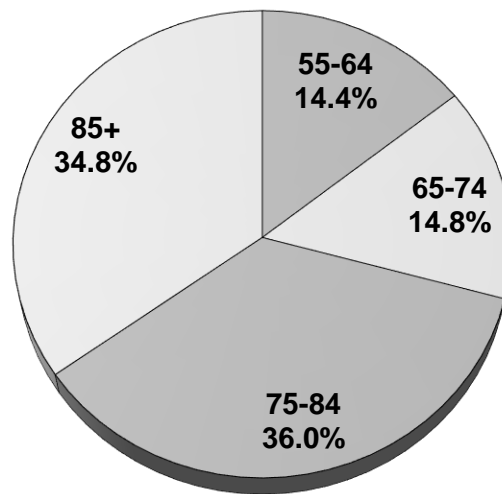
The Program Participant Survey is described in the Method section, and a copy of the instrument is included in Appendix A of this report. OASIS consumers are asked to provide feedback on the service delivery process, including their overall satisfaction with quality of services. Consumers are also asked to rate their functioning on IL tasks and to provide demographic and disability-related information. Aggregate data on all items in the Participant Survey are reported in the narrative and in tables and figures in the following order:

- Consumer Demographic and Disability Characteristics
  - Age
  - Gender
  - Race/Ethnicity
  - Living Situation
  - Self-Rated Visual Functioning
  - Vision Status Last Year
  - Reasons for Vision Loss
  - Hearing Loss
  - Other Health Conditions
  - Health Status Last Year

- Manner in Which Services Were Provided
  - Timely Manner
  - Attentive and Concerned
  - Expertise of Teacher
  - Satisfaction with Quality of Services
- Outcomes of Services Provided
  - Independent Travel
  - Complete Tasks in the Home
  - Complete Tasks Using Magnifier
  - Instruction on Devices/Equipment
  - Dependence on Others
  - Maintain Current Living Situation
  - “Rights and Privileges of the Blind”
  - Helpfulness of Peer Support Network
  - Considered Nursing Home
  - Services Helped Avoid Nursing Home
- Suggestions to improve the program

## Consumer Demographic and Disability Characteristics

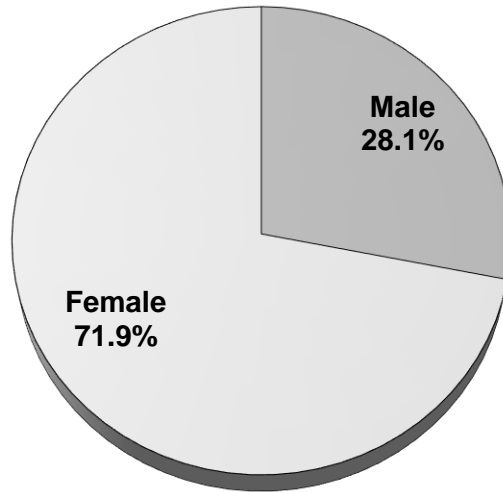
**Figure 7: Age Category**



### **Age**

Of those responding, 14% were between 55 and 64 years old; 15% were aged 65 to 74. Thirty-six percent of respondents were between 75 and 84 years, and 35% were age 85 or over. Eighteen respondents (7%) did not answer this question. Those responding were similar to the age demographics of the total population of individuals served during FFY 2016. For example, 35% of *all individuals served* by OASIS were ages 85+, very similar to the 35% of survey respondents in this same age category. Additionally, 29% of all consumers served by OASIS were in the 75-84 age group, and 36% of survey participants were in this age group.

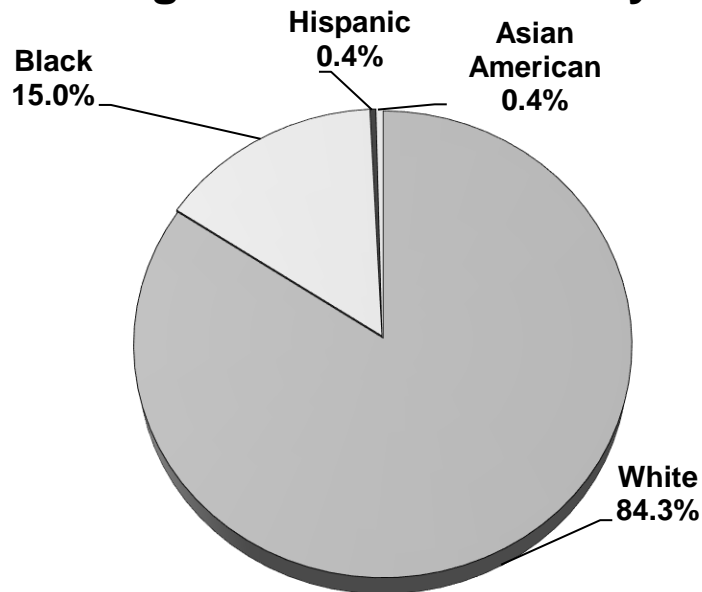
**Figure 8: Gender**



***Gender***

Of the respondents who identified their gender, 72% were female, and 28% were male. Fifteen of the respondents (6%) did not indicate their gender. The proportion of male versus female respondents was similar to that represented in the population of all consumers receiving services as reported on the RSA 7-OB (71% female and 29% male).

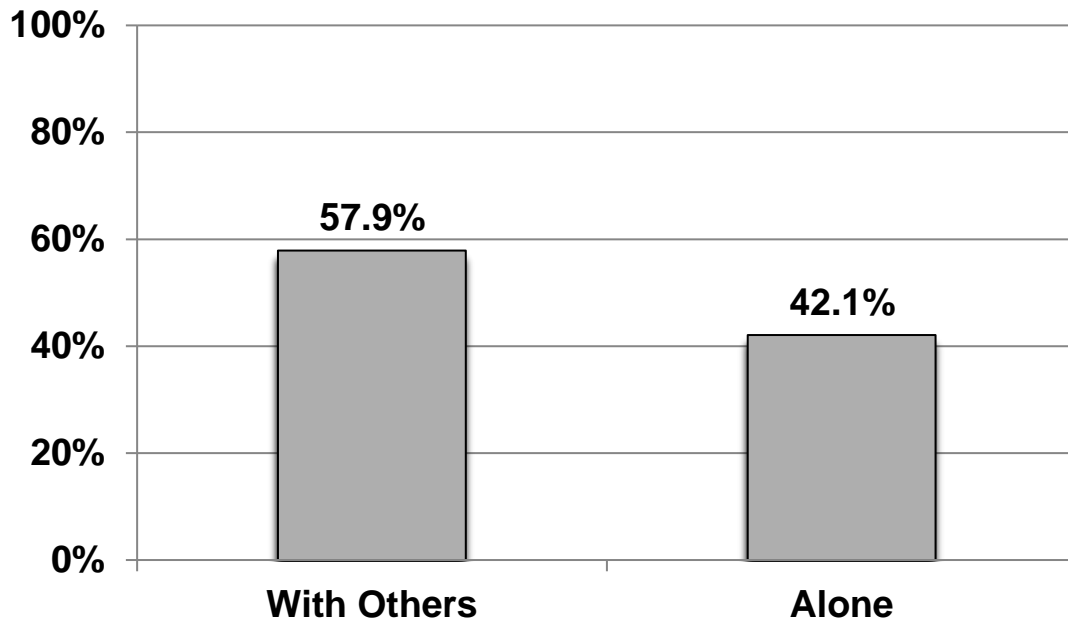
**Figure 9: Race/Ethnicity**



***Race/Ethnicity***

Of the respondents who provided their race (14 individuals did not), 84% reported they were White, and 15% reported they were African American. One respondent reported being Hispanic or Latino of any race and one reported being Asian American. Whites may have been more likely than African Americans to respond, given that 78% of all consumers served as reported on the RSA 7-OB were White, and 22% were African American.

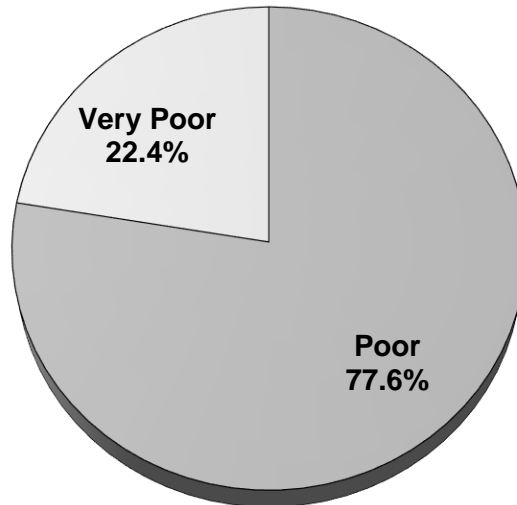
**Figure 10: Living Situation**



***Living Situation***

Participants were asked to indicate their living situation. Forty-two percent of those responding to this question stated that they lived alone, and 58% lived with others. Sixteen individuals did not respond to this question.

**Figure 11: Self-Rated Visual Functioning**

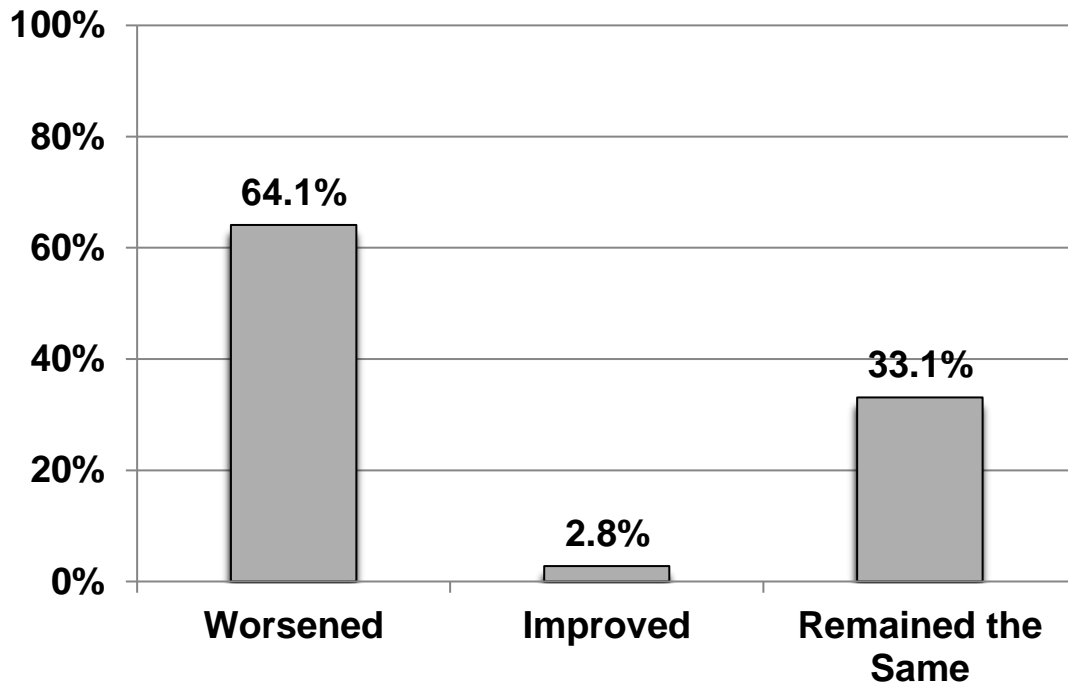


***Self-Rated Visual Functioning***

Respondents were asked to rate their vision as poor (can read some regular or large print with glasses or magnification) or very poor (cannot read print at all, even with glasses or magnification). The majority (78%) rated their vision as poor, and 22% rated their vision as very poor. Twenty-seven individuals did not respond to this question. Compared to FFY 2014 approximately 5% less respondents rated their vision as very poor.



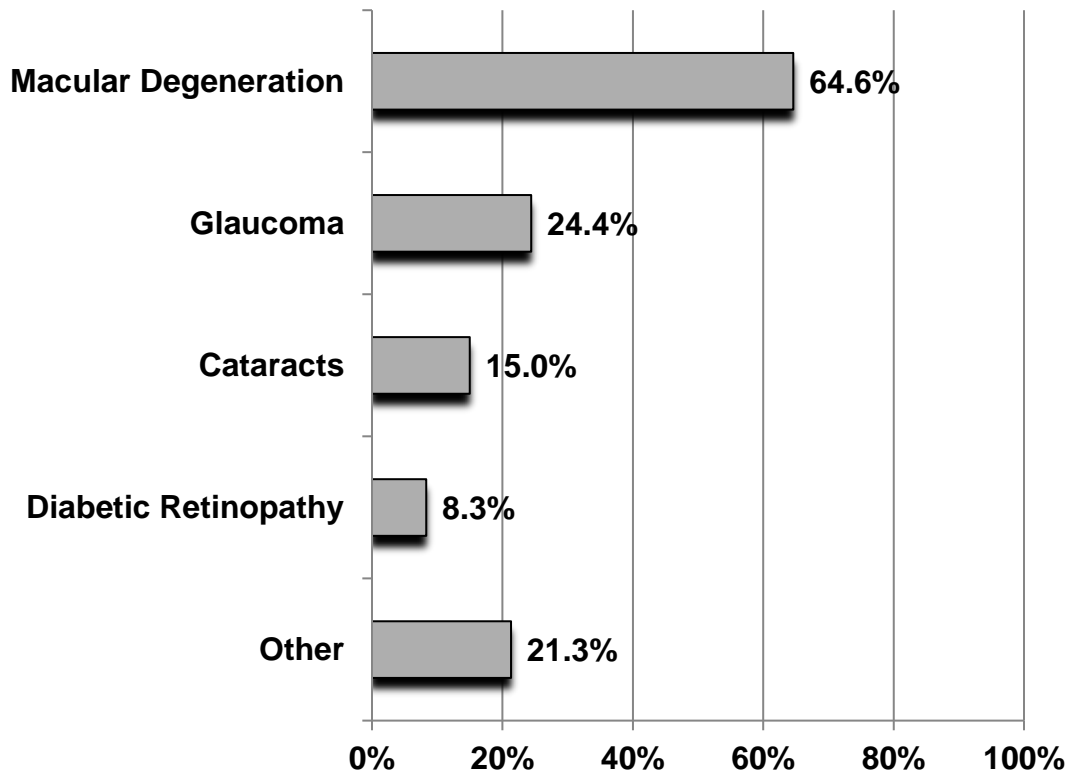
**Figure 12: Vision Status Last Year**



***Vision Status during Last Year***

Participants were asked whether their ability to see had worsened, improved, or remained the same over the course of the last year. Of the participants who responded to this item, 64% reported that their vision had worsened within the last year. Thirty-three percent stated that their vision had remained the same, and 3% reported improvements in their vision during the last year. Twenty individuals did not respond to this question.

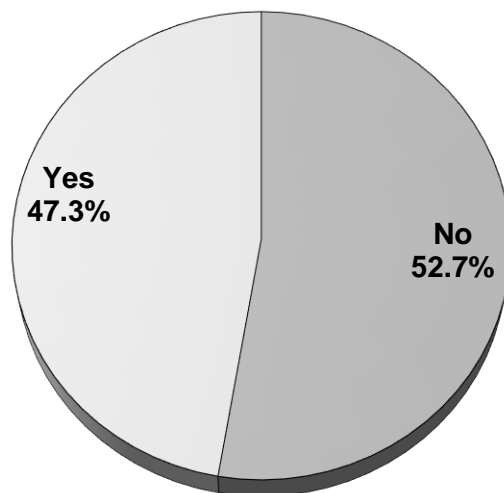
**Figure 13: Reasons for Vision Loss**



***Reason(s) for Vision Loss***

Respondents were asked to identify the reason(s) for their vision loss. They were presented a list of the most common reasons for age-related vision loss plus an “other” category and were asked to check all that apply. The most often identified reason for vision loss was macular degeneration (65%). Other causes of vision loss reported by respondents were glaucoma (24%), cataracts (15%), and diabetic retinopathy (8%).

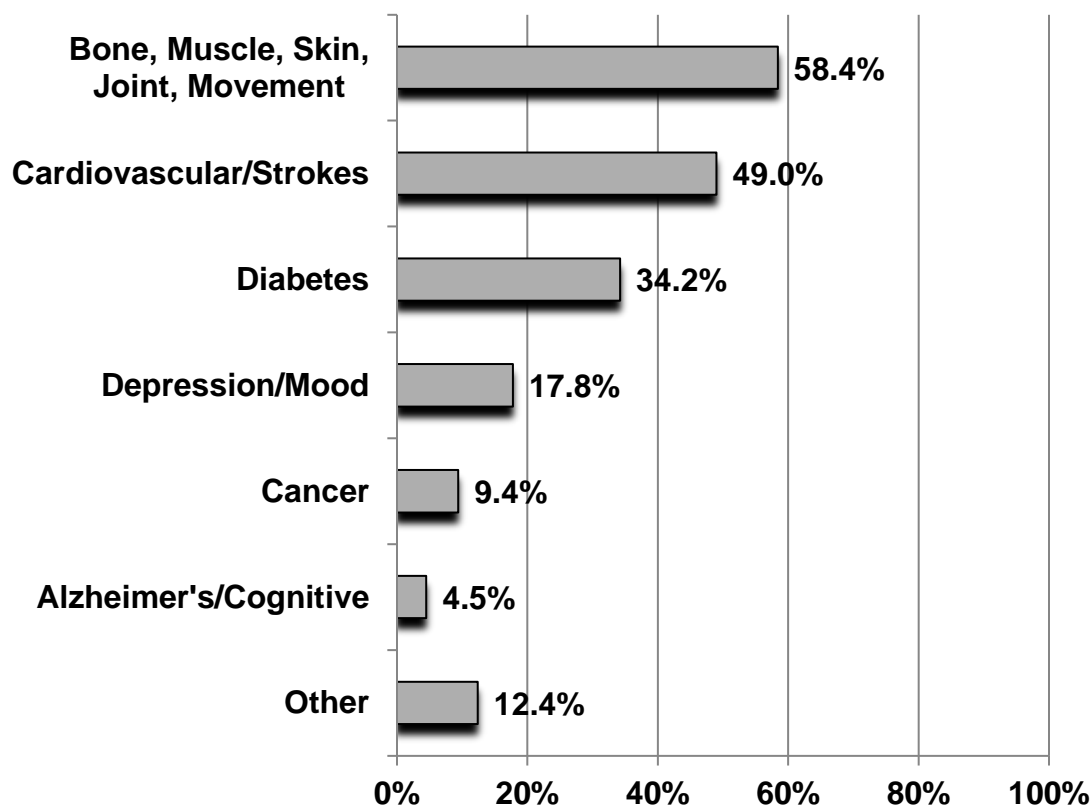
**Figure 14: Hearing Loss**



### ***Hearing Loss***

Respondents were asked if they had a hearing loss. Fifty-three percent of those responding indicated no ( $n = 126$ ) and 47% indicated yes ( $n = 113$ ). Twenty-nine of the participants did not respond. On the 7-OB it was reported that 39% of consumers had a hearing loss. This is a difference of 8%. A decrease of 5% from FFY 2015, but 2% increase from FFY 2014.

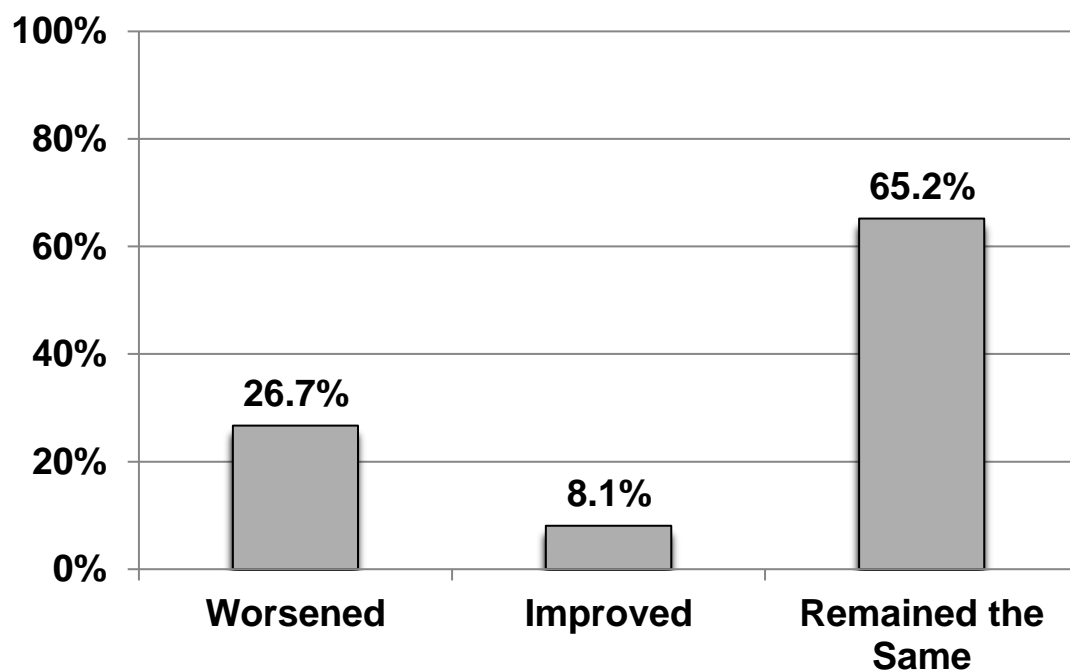
**Figure 15: Other Health Conditions**



### ***Other Health Conditions***

Respondents were asked if they had any other significant health problem in addition to vision and hearing loss. Health conditions reported in the table above were collapsed using categories reported on the RSA 7-OB annual report. The most commonly reported nonvisual health conditions of respondents were bone/muscle/skin/joint movement (58%), cardiovascular/strokes (49%), diabetes (34%), and depression/mood disorders (18%). Sixty-six individuals (25%) did not answer the question. The most commonly reported health conditions of consumers as reported on the RSA 7-OB were also cardiovascular/strokes, followed by bone/muscle/skin/joint movements, and diabetes.

**Figure 16: Health Status Last Year**

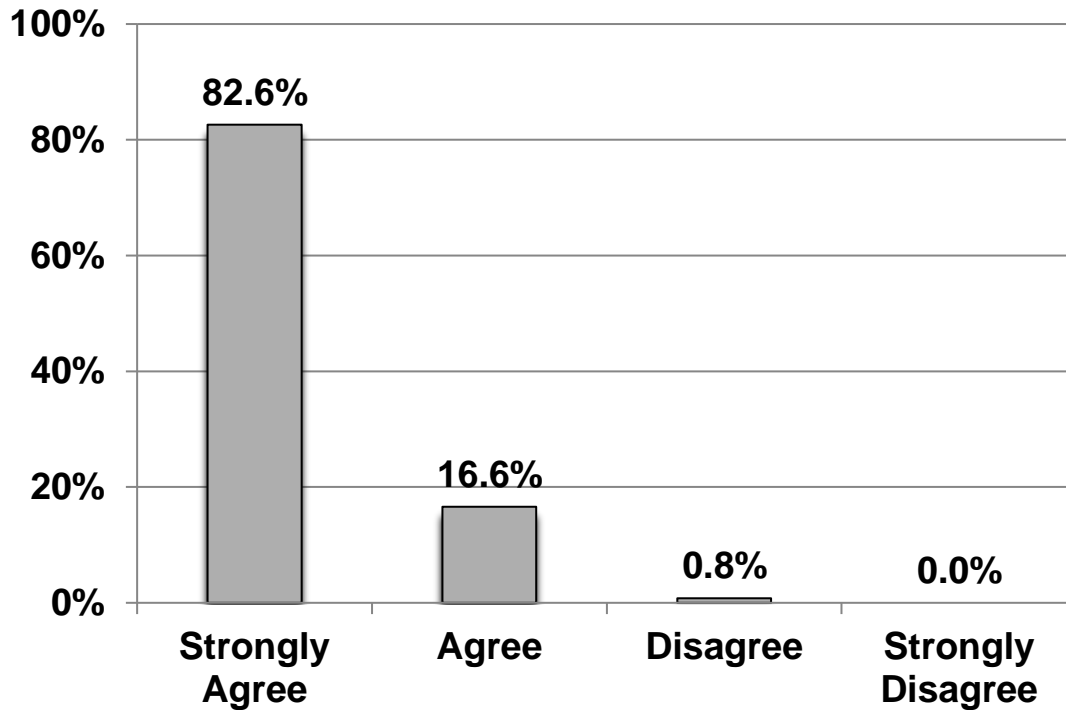


***Health Status during Past Year***

Of the participants who responded to this item (21 individuals did not), 27% reported that their health had worsened within the last year. Sixty-five percent stated that their health remained the same. Only 8% reported improvements in their health status over the last year.

## *Manner in Which Services Were Provided*

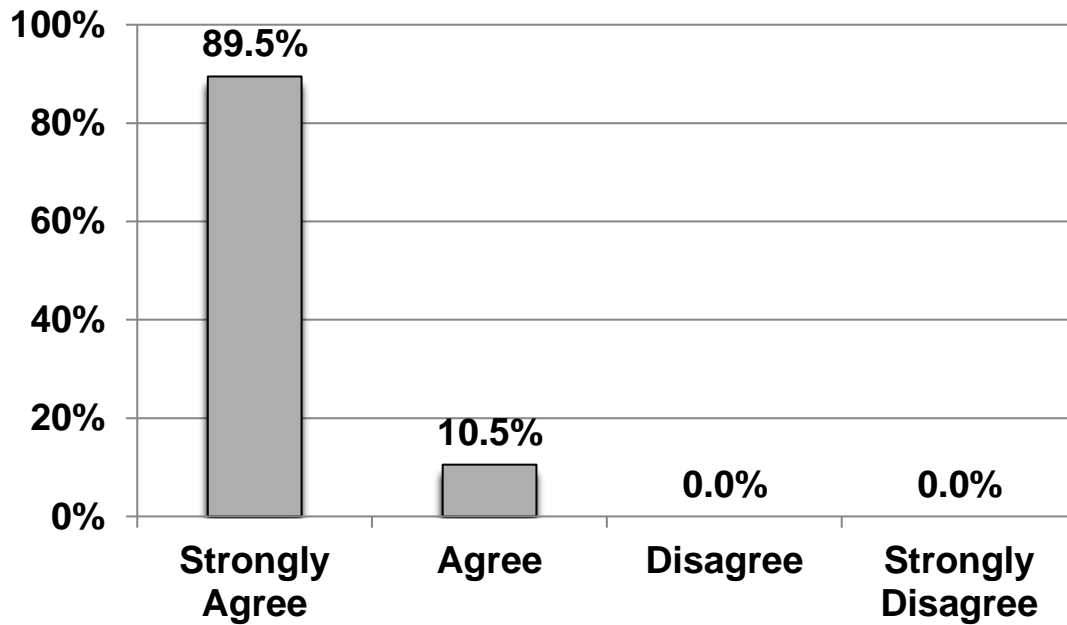
**Figure 17: Timely Manner**



### ***Services were provided in a timely manner.***

Participants were asked to rate their level of agreement with the above statement. All but two of the respondents agreed or strongly agreed that services were provided in a timely manner. Eighty-three percent strongly agreed with the statement, 17% agreed, and 1% ( $n = 2$ ) disagreed. The consumers disagreeing did not leave a comment explaining their reason.

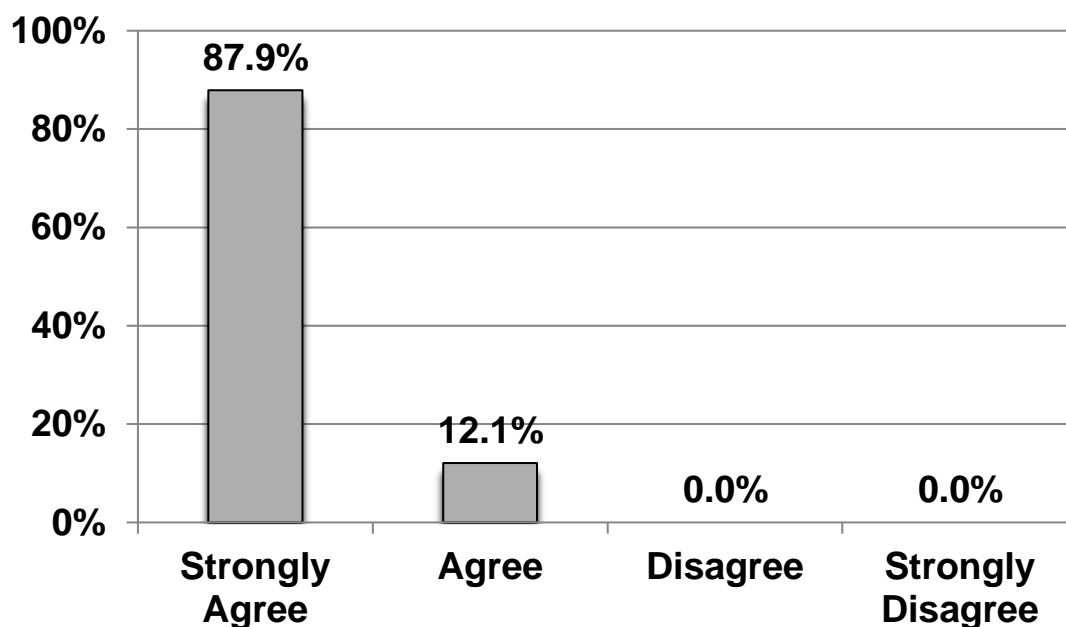
**Figure 18: Attentive and Concerned**



***My teacher was attentive and interested in my well-being.***

Participants were asked to rate their level of agreement with the above statement. Overall, 100% of the respondents strongly agreed or agreed that staff were attentive, concerned, and interested in their well-being. Ninety percent strongly agreed with the statement, and 11% agreed.

**Figure 19: Expertise of Teacher**

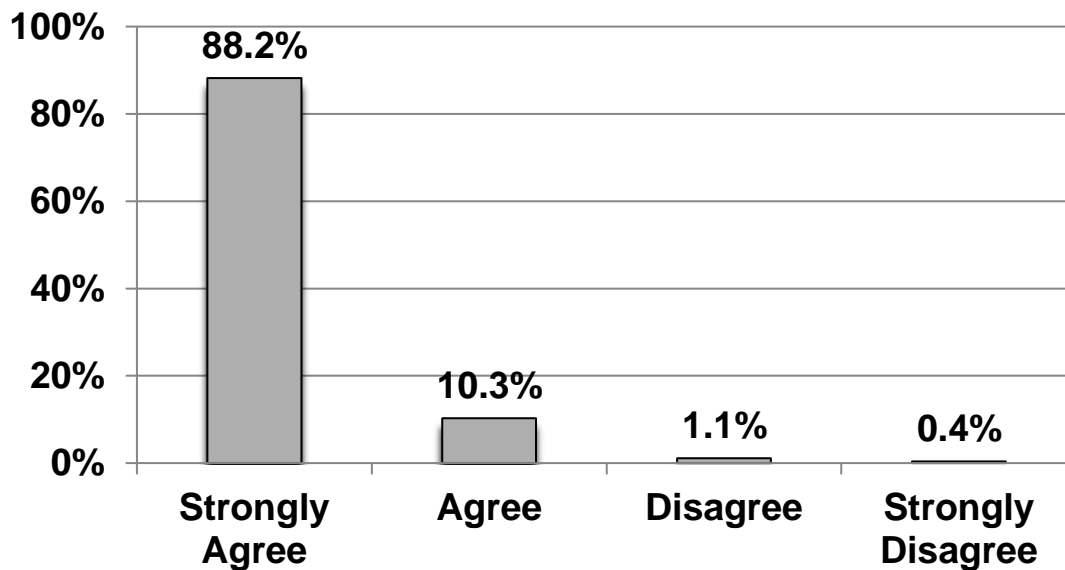


***My teacher was familiar with techniques and aids used by blind and visually impaired individuals.***

Participants were asked to rate their level of agreement regarding the teacher's familiarity with techniques and aids used by blind and visually impaired individuals. Overall, 100% of the respondents strongly agreed or agreed that their teacher was familiar with techniques and aids. Eighty-eight percent strongly agreed with the statement and 12% agreed.



**Figure 20: Satisfaction with Quality of Services**

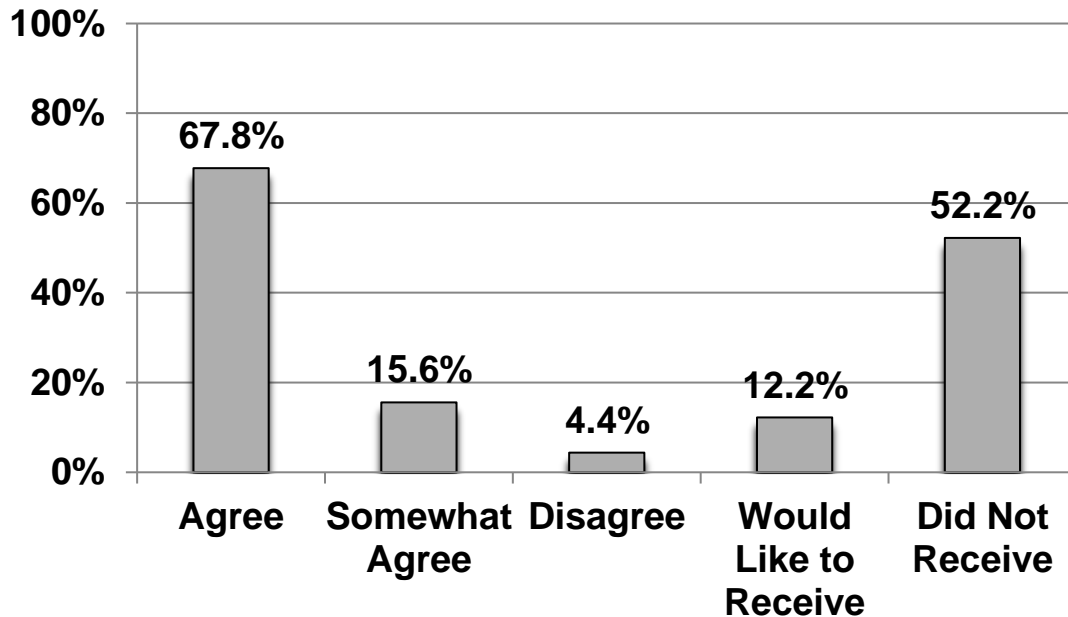


***I was satisfied with the quality of the services provided by the program.***

Participants were asked to rate their level of agreement with the above statement. Overall, the majority of the respondents strongly agreed or agreed that they were satisfied with the quality of program services. Eighty-eight percent strongly agreed with the statement, 10% agreed, 1% ( $n = 3$ ) disagreed, and 0.4% ( $n = 1$ ) strongly disagreed. The respondents who disagreed did not leave any comments.

## Outcomes of Services Provided

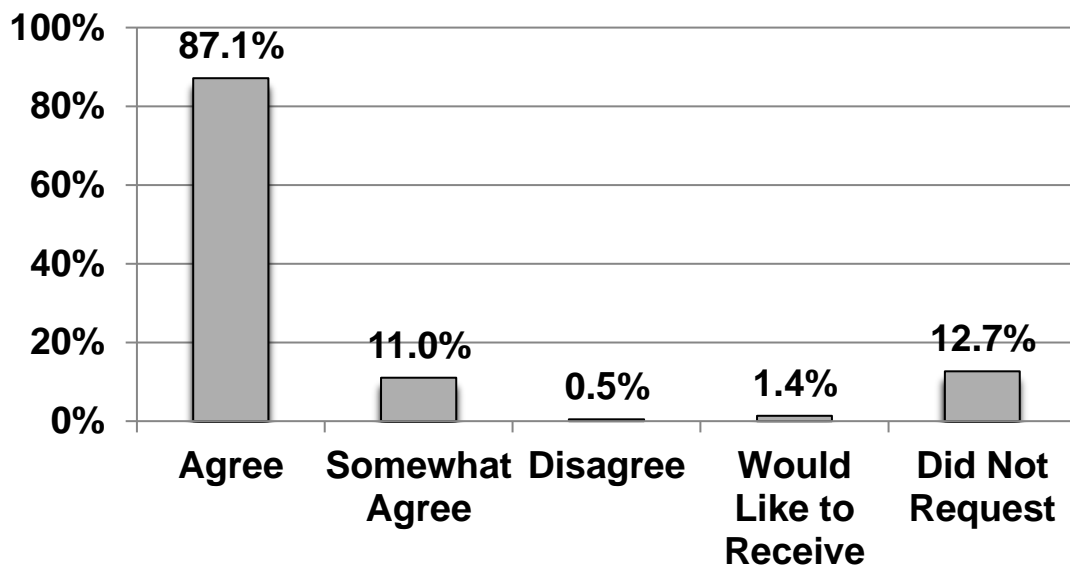
**Figure 21: Independent Travel**



***After receiving services (a) I agree I am more confident to travel safely and independently, (b) I somewhat agree I am more confident to travel safely and independently, (c) I disagree I am more confident to travel safely or independently, or (d) I would have liked to receive the service to travel safely and independently in my home and/or community.***

Sixty-eight percent of those responding agreed that they were more confident in traveling safely and independently in their homes and communities after receiving services, and sixteen percent somewhat agreed. Four respondents (4%) disagreed that they were more confident in traveling safely and independently. Twelve percent indicated that they would have liked to receive this service. Fifty-two percent of respondents ( $n = 140$ ) indicated that they had not received mobility services.

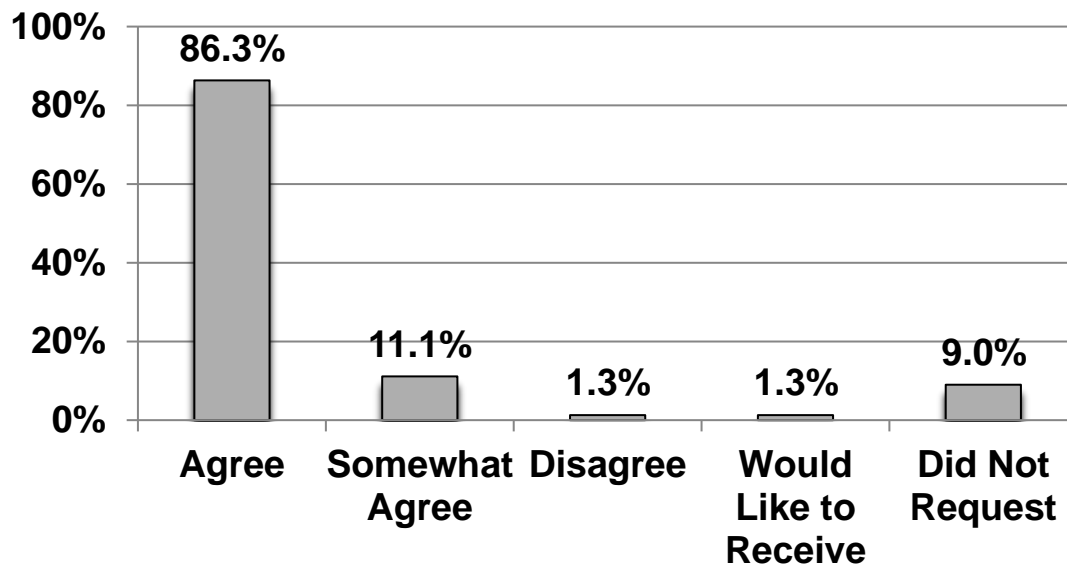
**Figure 22: Complete Tasks  
in the Home**



***After receiving services (a) I agree I am better able to complete tasks in the home, (b) I somewhat agree I am better able to complete tasks in the home, (c) I disagree I am better able to complete tasks in the home, or (d) I would have liked to receive this service.***

Eighty-seven percent of the respondents agreed that they were better able to complete tasks in the home after receiving services. Eleven percent somewhat agreed they were better able to complete tasks in the home. One respondent (1%) disagreed he/she was better able to complete tasks in the home after receiving services, and three respondents (1%) would have liked to receive this service. Thirty-four respondents (13%) indicated that they had not requested this service.

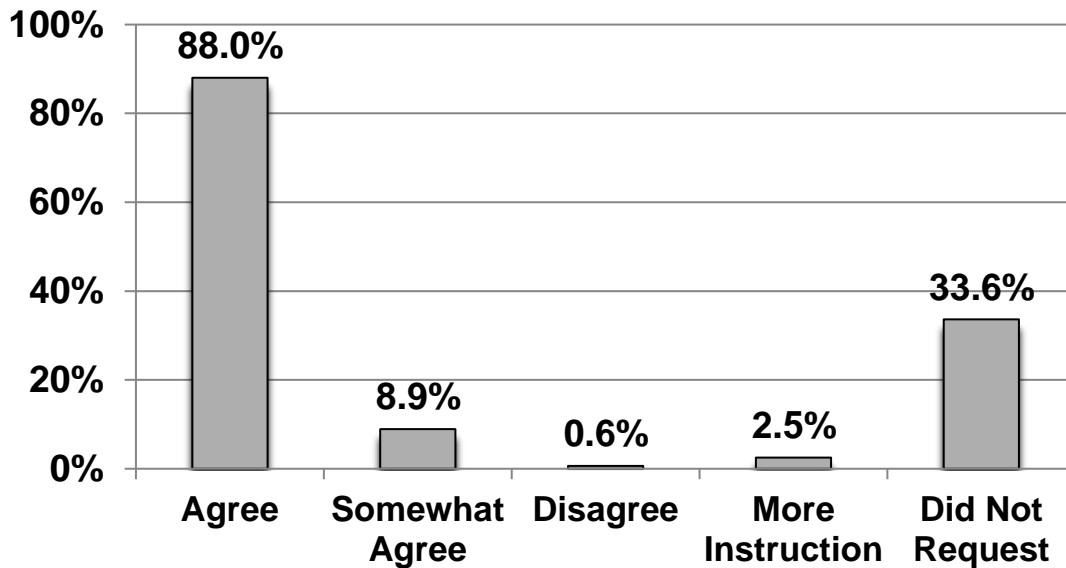
**Figure 23: Complete Tasks  
Using Magnifier**



***After receiving services (a) I agree I am better able to use my vision to complete tasks, (b) I somewhat agree I am better able to use my vision to complete tasks, (c) I disagree I am better able to use my vision to complete tasks, or (d) I would have liked to receive a magnifier.***

Eighty-six percent of the respondents agreed that they were better able to complete tasks using a magnifier after receiving services. Eleven percent somewhat agreed they were better able to complete tasks using a magnifier, 1% ( $n = 3$ ) disagreed, and 1% ( $n = 3$ ) indicated they would have liked to receive a magnifier. Nine percent ( $n = 24$ ) respondents indicated that they had not requested this service.

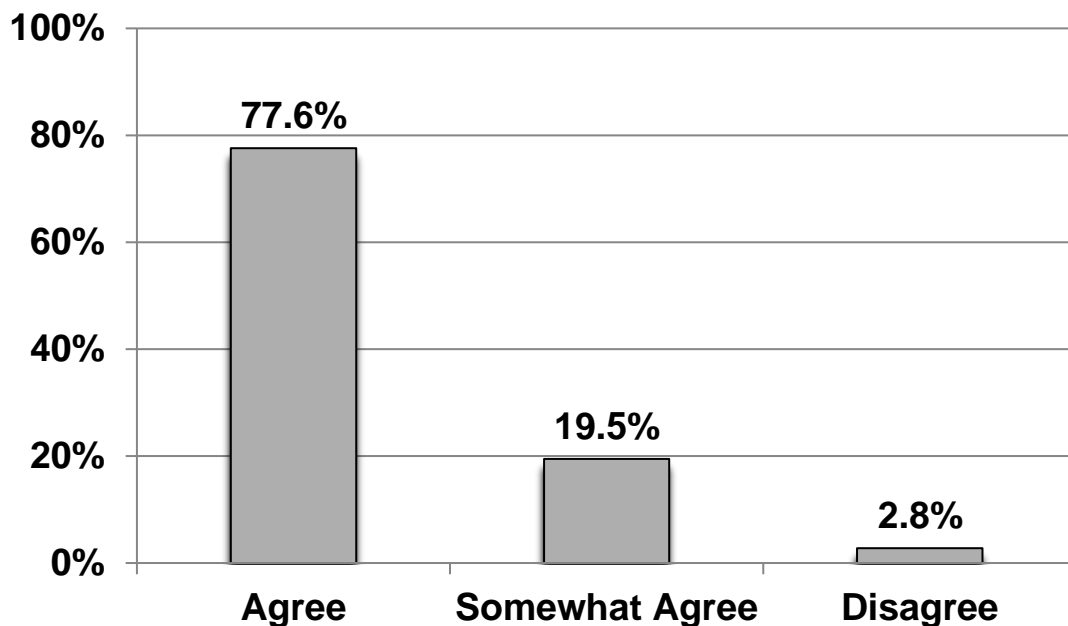
**Figure 24: Instruction on Devices/Equipment**



***After receiving services (a) I agree that the instruction was enough to help me make use of the device, (b) I somewhat agree that the instruction was enough to help me make use of the device, (c) I disagree that the instruction was enough to help me make use of the device, or (d) I would have liked more instruction.***

Eighty-eight percent of the respondents agreed that they received enough instruction to be able to use received devices or equipment. Nine percent somewhat agreed they received enough instruction. One respondent (1%) disagreed that they received enough instruction on how to use his/her device. Four respondents (3%) reported that they would have liked more instruction. Ninety respondents (34%) indicated that they had not requested this service.

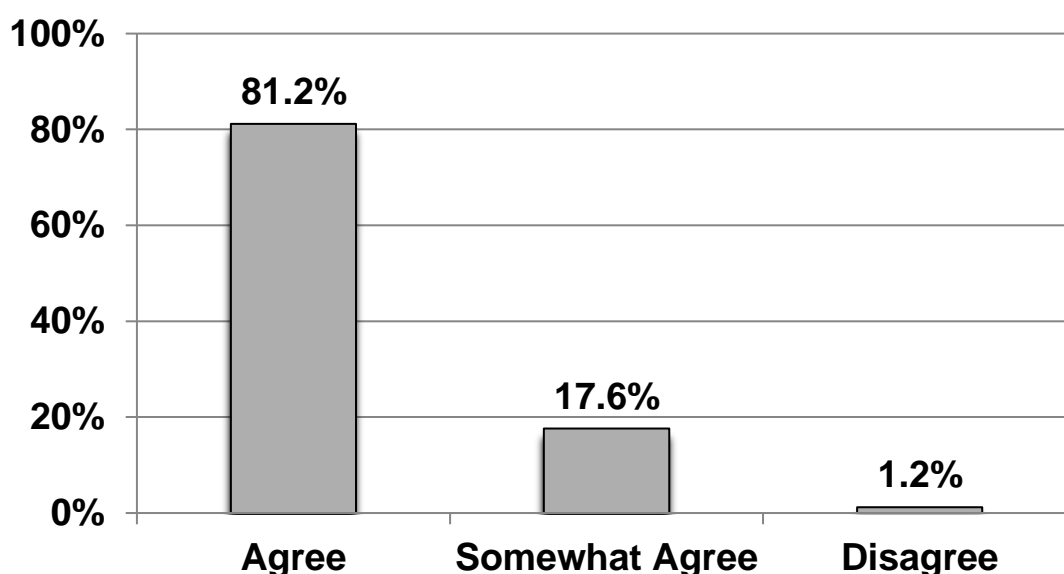
**Figure 25: Dependence on Others**



***Compared with my functioning before services (a) I agree I am now less dependent upon others in performing my customary day-to-day activities, (b) I somewhat agree I am now less dependent upon others to perform my customary life activities, or (c) I disagree I am less dependent upon others in performing my customary life activities.***

Seventy-eight percent of the respondents agreed that they were less dependent upon others in performing customary day-to-day activities. Twenty percent somewhat agreed that they were less dependent on others to perform customary activities. Seven respondents (3%) disagreed that they were less dependent upon others. Twenty individuals (8%) did not respond.

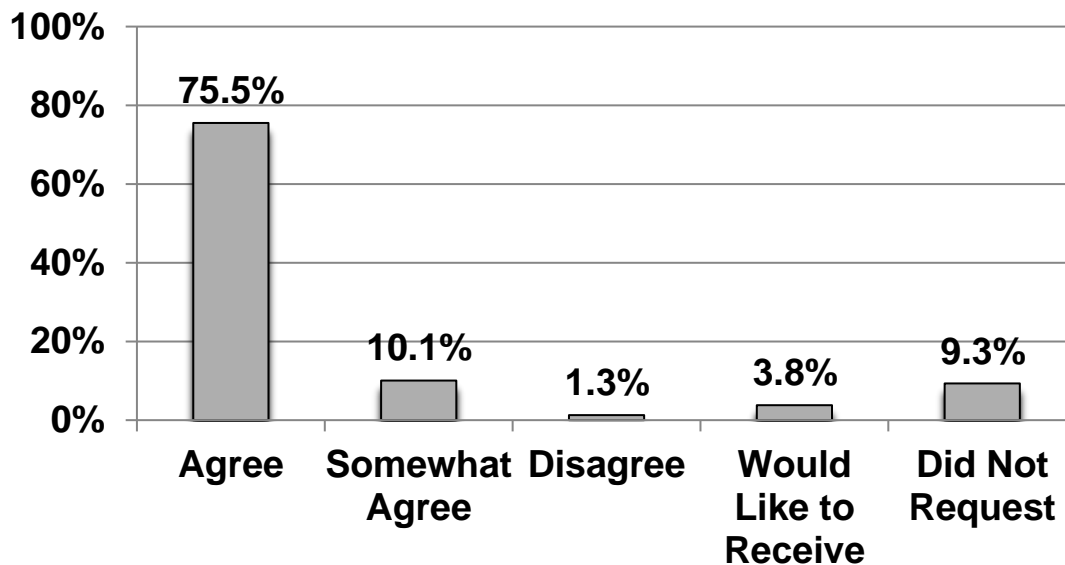
**Figure 26: Maintain Current Living Situation**



***Compared with my functioning before services (a) I agree I now have greater control and confidence in my ability to maintain my current living situation, (b) I somewhat agree I now have greater control and confidence in my ability to maintain my current living situation, or (c) I disagree I now have greater control and confidence in my ability to maintain my current living situation.***

Eighty-one percent of the respondents agreed that they have greater control and confidence in their ability to maintain their current living situations. Eighteen percent somewhat agreed they have greater control and confidence to maintain their living situations. Three respondents (1%) disagreed to having greater control and confidence. Twenty-three individuals (9%) did not respond. Survey respondents were somewhat less likely to report greater control and confidence in comparison with the total population served as reported in the 7-OB (81% vs. 96%).

**Figure 27: "Rights and Privileges of the Blind"**

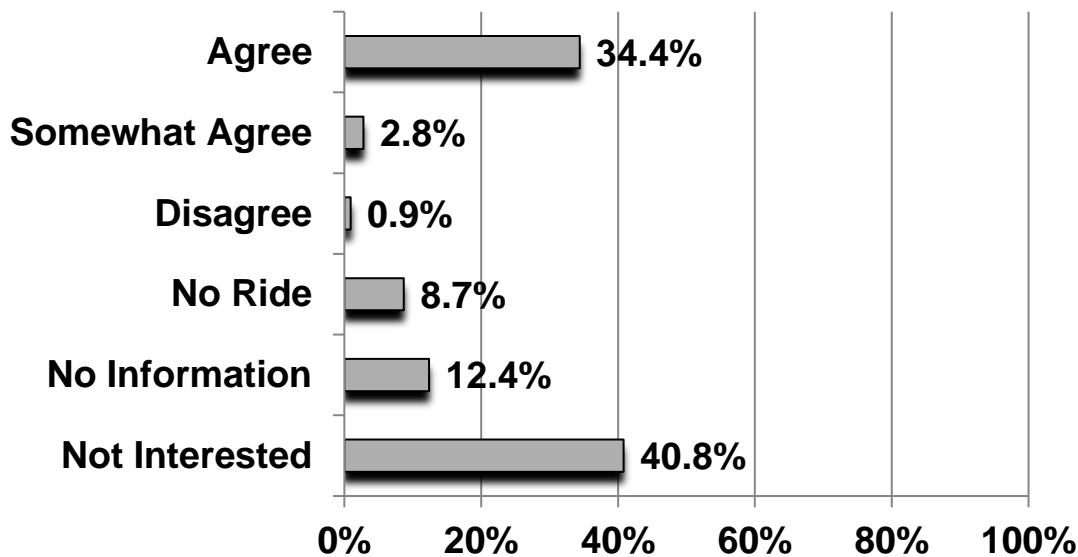


***After receiving the document “Rights and Privileges of the Blind”, (a) I agree I better understand services and programs for persons who have vision loss, (b) I somewhat agree I better understand services and programs for persons who have vision loss, (c) I disagree I better understand services and programs, or (d) I would have liked to receive this document.***

Seventy-six percent of respondents agreed that the document helped them better understand services and programs for persons who have vision loss in Alabama. Ten percent somewhat agreed, and 1% ( $n = 3$ ) disagreed that the document helped them better understand services and programs for persons who have vision loss. Nine respondents (4%) reported they would have liked to receive this document. Twenty-two respondents (9%) did not request this service.



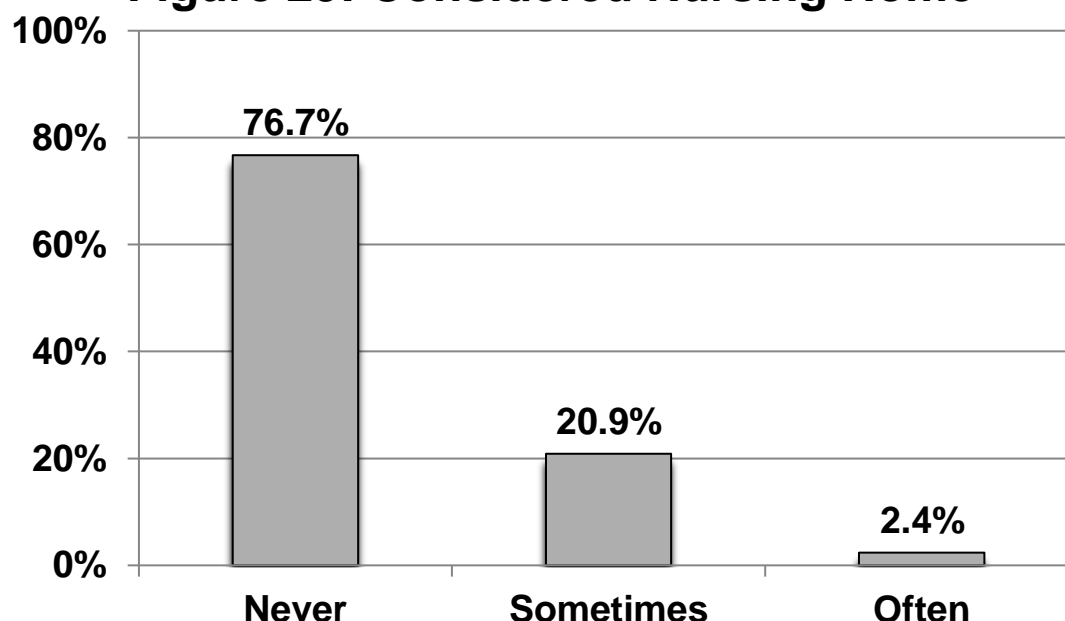
**Figure 28: Helpfulness of Peer Support Network**



***After receiving services, (a) I agree the peer support group was helpful, (b) I somewhat agree the peer support group was helpful, (c) I disagree the peer support group was helpful, (d) I was not able to get a ride to attend, (e) I was not given information about a peer support group, or (f) I am not interested in attending a peer support group.***

Thirty-four percent of respondents agreed that they found the peer support group helpful, with 3% ( $n = 6$ ) somewhat agreeing, and 1% ( $n = 2$ ) disagreeing. Eight percent ( $n = 19$ ) of respondents indicated they were not able to get a ride to a peer support group. Twelve percent ( $n = 27$ ) reported they were not given information about a peer support group, and 41% ( $n = 89$ ) reported not being interested in attending a peer support group. Fifty respondents did not answer the question.

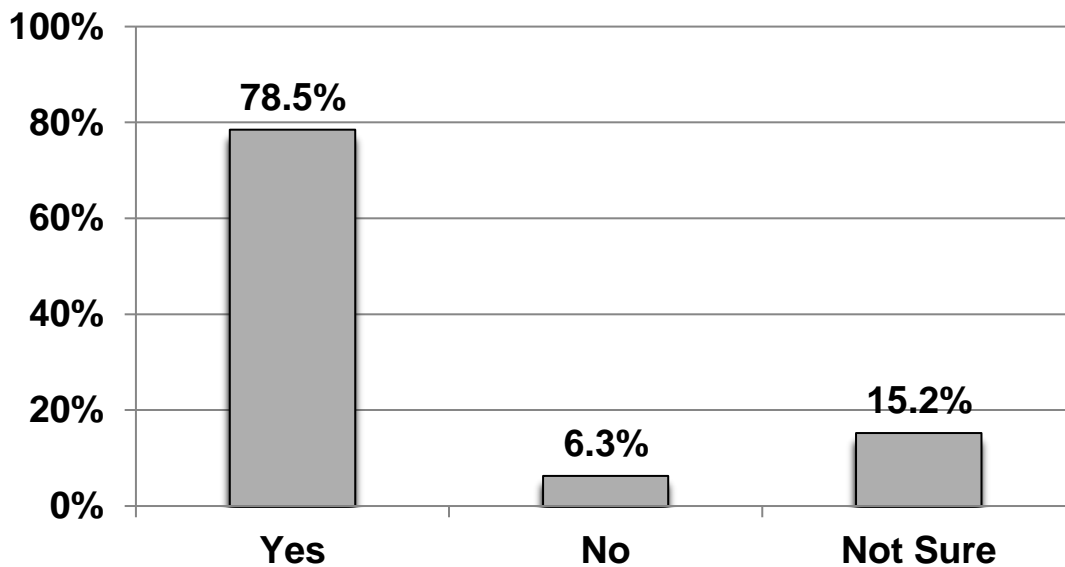
**Figure 29: Considered Nursing Home**



***Before you received services, did you consider going into a nursing home or other long-term care facility (never, sometimes, often)?***

Most respondents (77%) had not considered going into a nursing home or long-term care facility. Twenty-one percent ( $n = 52$ ) had sometimes considered doing so, and 2% ( $n = 6$ ) had often considered doing so. Nineteen respondents did not answer the question.

**Figure 30: Services Helped Avoid Nursing Home**



***Did the services you receive help you remain in your home or private residence (yes, no, not sure)?***

Participants were asked if the services they received helped them remain in their private residences. These responses may be helpful in assessing the impact of services on consumers' capacity to avoid nursing home placement. Seventy-nine percent ( $n = 186$ ) of respondents felt that OASIS services helped them remain in their home or private residence. Six percent ( $n = 15$ ) answered no. Fifteen percent ( $n = 36$ ) reported "not sure." Thirty-one individuals did not answer this question.

## ***Suggestions to improve the program***

The question gathering suggestions on how the program could be improved was asked. Many survey participants reported that they were satisfied with services, and they did not know how services could be improved. However, several gave some useful ideas. The most common suggestion was better promoting the program in the community. Several suggested telling eye doctors, while others suggested printed materials like brochures or bright colored posters.

Other themes included information or referral to other agencies like home health or hearing aid services, technology training and transportation services. Another suggestion was to hire more personnel. Several suggested that more funding was needed for the program.

Finally, there were several specific suggestions including: providing clip-on sunglasses, providing large print materials, and needed information on talking caller ID. It seemed that several survey respondents did not understand that their case was being closed and desired additional follow up or on going contact with staff.

## ***Consumer Comments***

A space for consumer comments is included below each question on the Program Participant Survey. The vast majority of these comments related to participants' appreciation of direct delivery staff and services. Of special interest are responses to the question asking individuals to comment on the greatest difference the OASIS program had made in their lives. Responses tended to focus on those services resulting in participants' increased ability to live independently, especially in their ability to access printed materials. A few examples are listed below. All comments are included in Appendix B.

- It has made life much safer and accessible for me.
- More secure in what I do and that I can do it. I'm much more confident.
- The increase in my ability to read. The audio machine is also helpful.
- This program has allowed me the ability to increase my quality of life.
- I love to read and I could not do that. I love the reader; I carry it around with me. Things like that have made a great difference.
- This program has provided knowledge and skills to use as a person with low vision. I was completely unaware of the devices and their

uses. They will prolong my independence beyond what it would be without the program. Thank you.

## **On-site Review**

Farrow, project director, and Steverson, project coordinator, from the NRTC visited the Birmingham office of ADRS on September 21-23, 2016. The Birmingham office has three VRTs who work 100% with OASIS.

**Case reviews:** The NRTC staff, Farrow and Steverson, reviewed six case files – four open cases and two closed cases. The case files revealed consistency in forms used, format of documentation, and consistent use of the functional assessment. However, three of the six files did not contain eye reports. The files without eye reports contained signed release forms to obtain the report. One of those files was for a recently opened consumer, and perhaps the eye report will be added soon since eye reports are not usually obtained prior to opening a case. Additionally, the acuity line on the functional assessment only contained an acuity in one of the six files. One file reported different eye conditions at two separate locations in the file; since this was a file with no eye report, there was no way to confirm the diagnosis of that consumer.

Goals were written on the plan, but were not measurable or time bound. Additional areas where more documentation could have been present were notations of follow up with the consumer and documentation of phone calls. During review of the closed cases, it was noted that instruction was provided on the final appointment. This seems to indicate that no follow up will occur for that final topic of instruction.

**Service delivery observation:** Direct service was observed at two appointments. The first observation was with a VRT who has been in the field for five and a half years and is currently not certified. She was trained by ADRS to provide services and reports she feels confident in her role. The consumer was in her late 80's with a diagnosis of ARMD. The appointment observed was the second visit for the VRT with the consumer. On this appointment the VRT presented the consumer's plan of service and both the consumer and VRT signed it. Next, the VRT instructed the consumer on writing checks using a check guide, identifying money (both coins and dollar bills), and assessment and instruction for both stand and handheld magnifiers. The VRT presented three different check guides to the consumer. The consumer chose the one she liked best and was successful in using it on the first try. The instruction for identifying

coins was provided followed by how to fold paper bills. The VRT then returned to the coin identification and the consumer remembered with only minimal review. The consumer was able to read mail order catalogues with the first magnifier shown to her, a 3x stand magnifier with LED light. The VRT instructed the consumer in how to put the batteries into the magnifier as well as suggesting a location for storing the magnifier. The consumer was also shown a 3.5x handheld magnifier with LED light. She was able to read with it and was given this item as well. Overall, instruction was clear and well paced. The VRT indicated that she would review each of the areas of instruction when she returned for the next visit.

The second observation was with a VRT who has been in the field about 20 years and is a CVRT. The consumer was in her 80's with a dual diagnosis of Glaucoma and ARMD. She had severely reduced fields with acuity of 20/40. Her goal was to play Bridge with her friends at the retirement community. At this appointment, she wore her Max detail glasses while sitting at the table where they most frequently play. She reviewed several different types of large print playing cards along with a cardholder and a Larry light. She was provided encouragement and creative suggestions for integrating her low vision devices into her card playing. She was self-conscious and somewhat hesitant to use devices with her friends. The consumer had a great sense of humor and the VRT did a wonderful job counseling her on how to integrate the devices.

***Meeting with direct service staff:*** Farrow and Steverson met with the three VRTs. They reported that some paperwork is repetitive and could be streamlined for better efficiency. Some of them have designed their own forms to gather the information without the need for the repetition. Another concern was about the survey, they felt that many are not filled out due to it being offered in print. The VRTs know they are not supposed to help the consumers fill out the survey, but they don't know what else to do except point out the phone number to call. It was suggested to the VRTs that they could assist the consumers in calling the NRTC to request a time for someone to fill out the survey by phone. The three VRTs reported they have a waiting list of about 10-15 persons.

One of the VRTs is a new staff member who started only a few weeks before the site visit and was still in her training and orientation. A brief separate interview was held with the new VRT to learn about the training provided to new staff in the OASIS program. The new recruit has two years of experience and is certified as a VRT. Since she attended the Western Michigan program she reported that much of the training is review, but she feels it is good as she has

not thought about some of the topics for a while. It is hoped that she will be working with her caseload sometime in the next month.

***Meeting with administrators:*** The final meeting of the visit was spent with Matthew Haynes, program coordinator, Lenore Dillon, training manager, and Ashley Townsend, program director. Farrow and Steverson reviewed their experiences of the site visit and discussed solutions to problem areas. Although many of the case file inconsistencies have been addressed multiple times at training, they will continue to address them. The lack of eye reports and acuities readily accessible in the file was discussed and the possibility of VRTs doing their own acuity measurement was suggested. When this was tested as an idea with the teachers, they were resistant to another step they might need to complete at their initial visit with consumers. Measurable time bound goals were discussed as the ideal, and materials about writing these types of goals will be shared with Haynes and Dillon. The case review rubric that Farrow and Steverson used will be shared. Haynes provided a list of program highlights. Dillon reported the process to update the functional assessment form will be beginning shortly. Rating scales for assessment and how to provide instructions for using an assessment form were discussed. Farrow will share documents with Dillon on this topic.

## **OASIS PROGRAM HIGHLIGHTS – FY 16**

- ADRS Contracted with MSU National Training Center on Blindness and Low Vision for a needs assessment. MSU led 6 consumer focus groups, 6 staff led groups and one Advisory Council group to gather this information that will be used for future planning.
- Services to seniors was included in the 2015-2018 Strategic Plan for Blind Services, in areas of independent living and assistive technology.
- Continued conference calls with Support Group Leaders to help them with developing their groups. Guest speakers included Caroline Montgomery Clark of the Alabama Vision Coalition and Kathleen McGee, of ADRS Communications on public relations activities.
- OASIS purchased over \$47,475 of assistive technology, ranging from handheld electronic magnifiers, CCTVs, OCR devices and a bar code scanner.

- Contract O&M services were provided to fourteen consumers, providing over 50 hours of individualized instruction.
- Addressed issues with our case management system with referrals, capturing referral sources, activation of cases, and other smaller issues.
- OASIS Advisory Council guest speakers in FY 16 included AIDB Regional Center staff on their programs, Middle Alabama Area Agency on Aging on their program, and the Eyesight Foundation/Alabama Vision Coalition staff on their programs. The Eyesight Foundation also became a member of the Council.
- Our sixth Camp SAVI was held April 10-14th. Eight consumers and five support persons participated. As part of this year's event, a tour was taken of the Anniston Museum of Natural History. A wonderful video of this years was done by ADRS's communications office.
- OASIS purchased signature guides and low vision simulator cards with program information for distribution to the public at community awareness events.
- Staff represented OASIS at Senior Awareness events in May in Tuscaloosa, Bibb County, and Shelby County and in several other areas across the state.
- OASIS was represented at Support Sight Workshops hosted by Macula Vision and the Alabama Eyesight Foundation in Birmingham, Montgomery and Mobile.
- The OASIS Program Director represents ADRS and OASIS at the Alabama Vision Coalition meetings held quarterly
- The OASIS Coordinator spoke at support groups in Homewood, Athens, Florence, and Montgomery in FY 16
- OASIS will be represented at Extreme Experience Camp, hosted by the Andalusia Lion's Club, in September 2016.
- OASIS Program participated in AFB's 21<sup>st</sup> Century Agenda on Aging and Vision Loss conference calls, participating in Goal 2 regarding personnel and leading a subgroup call on finding qualified staff.
- Staff participated in a variety of training activities:
  - Program Director and Coordinator participated in the 2015 AER Conference on Veterans and Aging and the 2016 AFB Leadership Conference
  - OASIS staff participated in the 2016 Alabama AER Conference in Mobile, AL
  - OASIS staff participated in the 2016 ACB Conference in Montgomery, AL



- OASIS staff participate in the Protecting Alabama Elder's Conference hosted by the Middle Alabama Area Agency on Aging
- OASIS staff participated in the 2016 Blind Services Retreat
- OASIS staff participated in VRT/OM training in Birmingham, AL focusing on the case management process. Guest speakers Neal Kelly spoke about workplace motivation, and Angela Buchanan, RN, spoke about Universal Precautions in home visits.
- Alabama hosted the Association of Vision Rehabilitation Therapists national conference, which was considered our second staff training for VRTs/O&Ms
- Four O&Ms attended the SOMA conference in Chattanooga, TN
- OASIS Staff participated in training and were represented at a table at the 2016 Technology Symposium in January.

## CONCLUSIONS, RECOMMENDATIONS, COMMENDATIONS

The OASIS program is a well-conceived, well-executed program providing a full range of IL services to the Alabama older blind and visually impaired population. During FFY 2016, 1,024 individuals across Alabama received services through a network of 7.61 full-time equivalent (FTE) direct service staff and 5.21 FTE administrative and support staff. Compared to the previous fiscal year, this is a decrease of three consumers served, a slight decrease of 0.12 FTE administrative/support staff, and a decrease of 0.18 in direct service staff FTE. At the end of the fiscal year, the program had three VRT and two O&M position openings. In addition to the 1,024 individuals on active caseloads receiving extensive services, approximately 6,889 individuals participated in short-term community awareness events and activities during the year, a decrease of 5,674 individuals from the previous year.

The OASIS program uses a statewide itinerant model of service delivery that effectively addresses the IL needs of consumers living in a rural state. By implementing an itinerant program, professional staff can provide one-on-one services to consumers in their homes and in group settings in their communities. Thus, individuals who have difficulty with transportation, especially those who live in more rural areas, are assured access to services. Consumers in high population areas across the state (i.e., Birmingham, Muscle Shoals, Huntsville, Mobile, Tuscaloosa, and Dothan) could also participate in center-based training. In addition, the program provides guidance and support to at least 33 affiliated support groups throughout the State.

Total FFY 2016 expenditures for the OASIS program were \$614,256: \$560,925 from Title VII, Chapter 2 federal funding (an increase of \$127,174 from the previous year) and \$53,331 from State funding (the same from the previous year). This is an increase (\$127,174) in the total expenditures reported the previous year. The program received a \$479,980 Title VII, Chapter 2 grant award (the same from the previous year). Other federal funding available to the program included \$343,443 carryover from the previous year.

***Demographics and other characteristics all consumers served (7-OB data).*** IL staff again reached out to the most significantly disabled individuals who

require more intensive (and costly) services to enable them to regain IL functioning. Sixty-five percent of consumers were age 75 and older (64% in this age range the previous year) and 46% were legally or totally blind (48% the previous year). Consumers reported multiple health conditions in addition to visual impairment. For example, 65% had cardiovascular-related health issues, 55% had musculoskeletal conditions, 39% had hearing impairments, 34% had diabetes, 16% had cancer, 10% had depression/mood disorders, and 10% had cognitive disorders. OASIS services have the capacity to moderate the effects of the majority of these health conditions by providing individuals the skills and knowledge to improve health management and implement healthier life styles.

Estimates from the Alabama 2015 Census data (Erickson, Lee, & von Schrader, 2017) indicate that approximately 52,500 individuals 65 and older in Alabama have visual impairments. Based on this estimate, only 2% of those potentially eligible for services were served in 2016. Of the total, approximately 22% are African American Non-Hispanic and 78% are White Non-Hispanic. The percentage of consumers served in the OASIS program in 2016 who are African American Non-Hispanic was 22%; the percentage of White consumers was 78%.

In further determining if racial/ethnic minorities are equitably served, differences in the prevalence of visual impairment and socio-economic differences among racial/ethnic groups should be considered. For example, estimated rates of visual impairment become higher for Whites compared with other racial/ethnic groups at around 80 years and continue to increase at a higher rate with age (Prevent Blindness America, 2008). Moreover, these higher rates are associated with a greater incidence of age-related macular degeneration among Whites. Thus among OASIS consumers age 75 and above, we might expect to see White consumers served in the program at proportionally higher rates compared with other racial/ethnic groups. Additionally, multi-generational households tend to be more common among minority families. Older individuals in these families may prefer kinship assistance, when available, to assist them with tasks, and therefore not recognize the need for OASIS services.

***Outcome data from program participant survey of closed cases.*** This evaluation report also includes findings from a mail survey of consumers closed during the federal fiscal year. The 28-item Program Participant Survey was the

primary data source used to capture the views of participants regarding the impact of the program on their ability to perform major IL activities such as mobility, activities of daily living, and accessing reading materials with devices provided by the program. The survey also included questions regarding consumers' overall satisfaction with the service delivery process. (A copy of the survey is provided in Appendix A.) Two hundred and sixty-eight individuals returned surveys via mail to the MSU-NRTC or completed surveys via telephone with MSU-NRTC staff (39.3% of closed cases, a nearly 3% higher return rate than in FFY 2015).

Regarding the service delivery process and overall quality of services, consumer feedback from the surveys was very positive.

- All but two respondent strongly agreed or agreed that services were provided in a timely manner.
- 100% strongly agreed or agreed that staff were attentive, concerned, and interested in their well-being.
- All participants strongly agreed or agreed that staff were familiar with techniques and aids used by blind and visually impaired individuals.
- All but four strongly agreed or agreed that they were satisfied with the quality of services.

Consumers also noted substantial improvement in their ability to perform major IL activities as a result of their participation in the OASIS program.

- 81% agreed they had greater control and confidence in their ability to maintain their living situations.
- 88% agreed that they had enough instruction on devices and equipment to help make use of the device.
- 68% agreed they were more confident to travel safely and independently.
- 78% agreed they were less dependent in performing customary day-to-day activities.

The majority of respondents reported improved functioning on IL tasks. Survey questions were significantly reworded making comparison from previous surveys difficult. However, when asked about feeling less dependent upon others, the percentage jumped significantly from 2015 (41%) to 78% in 2016.

Survey participants reporting greater control and confidence to maintain their current living situation was similar (78%) in 2015 and (81%) in 2016. Respondents also agreed similarly in 2015 and 2016 that services helped them remain in their homes (81% vs 79%, respectively).

Comments provided by respondents were generally positive and are included in Appendix B.

## **Recommendations**

- Continue to provide option for contracting with outside orientation and mobility (O&M) instructors in those geographic areas not covered by in-house instructors.

***Rationale:*** The OASIS program currently has two O&M positions open. Additionally, VRTs serving consumers in regions without in-house O&M instructors have a separate, but small, allotment they can access to purchase services from independent contractors.

- Investigate what activities are counted as information and referral service. Inform staff about this service area and how they can ensure they are accurately reporting this service.

***Rationale:*** Less than half of all consumers (1,024) received information referral and community integration as reported on the 7-OB. This category is broad and could include completion of application for services like the library of congress, radio reading services, audio/large print bible, or senior programs like Meals on Wheels. With the multitude of potential community organizations and programs that are often utilized by older individuals, this number is most likely under reported.

- Review and collaborate with VRT staff to update the functional assessment form. Collaboration should be used to ensure usability and accuracy of the new form. Field testing could confirm what will work well for staff. Since consumer goals are based on the assessment, care should be taken to make sure this is a tool which can measure outcomes of services provided.

***Rationale:*** During the site visit, the VRTs discussed redundancies and areas of the form that need to be updated. Updating the functional assessment has been a topic of discussion for several years and is reportably underway.

- Implement practices that encourage service providers to write goals using measurable time bound language.

***Rationale:*** The practice of writing specific, measurable, time bound goals provides structure to services, gives the consumer expectations about when services will be ending, and helps service providers identify when new strategies or different goals need to be implemented.

- Provide training to direct service staff on the importance of obtaining eye reports and ensure paper work reflects the consumer's diagnosis and acuity.

***Rationale:*** Several of the six case files reviewed during the site visit did not contain eye reports and the functional assessment did not often contain diagnosis or acuity on the indicated lines. Accurate consistent documentation is essential for 7-OB reporting, education of the consumer about their eye condition, and personalization of services.

- Continue to implement procedures to increase or maintain the number of individuals completing the Program Participant Survey. To assist with this process, the number of responses by VRT will be provided to administrators to identify potential VRTs who could better encourage consumer responses. A larger handout was provided by the NRTC for teachers to give consumers with very low vision. In addition, it was suggested that VRTs could assist the consumer to call the NRTC to set a date and time to complete the survey.

***Rationale:*** The more surveys completed the better the feedback the program evaluation will provide. The response rate for 2016 was 39%, the high point for the last 6 years.

- Continue to establish additional peer support groups in geographic areas where not currently available and develop strategies to increase consumers' awareness of existing peer support groups.

***Rationale:*** Among survey participants, 38% of respondents participated in a peer support group (up 22% from the previous year). Among those who did not participate, 27 individuals (12%) reported that they were not provided information about a group. An additional 19 individuals (8%) reported they did not have a ride to attend a group. Of the individuals who did participate, only two individuals did not find participation in peer support groups either helpful or somewhat helpful.

- Initiate strategies to encourage consumers who are African American to complete the Program Participant Survey. One strategy is familiarize staff about this problem and solicit their help in encouraging consumer participation, such as emphasizing to consumers that their participation is valuable to improving services, their responses would be confidential, and reiterating the phone number for the NRTC if they need assistance for completing the survey.

***Rationale:*** In FFY 2016, 22% of consumers served by OASIS were African American. Unfortunately, only 15% (up 2% from 2014) of returned surveys were completed by African Americans. External validity (generalizability) of survey findings to the population of consumers served would be increased if a greater proportion of African Americans completed the survey.

- Continue use of the American Foundation for the Blind and Hadley in providing training to direct service delivery staff.

***Rationale:*** There is a continued need for infrastructure supporting in-service training given the limited pool of certified vision rehabilitation therapists and orientation and mobility instructors in Alabama and nationwide, as well as the decline of universities offering blindness-specific coursework and degree programs. The agency has implemented an aggressive in-service training program, including employing a Vision Rehabilitation Therapy and Orientation and Mobility Coordinator to provide

statewide consultation, technical assistance, and training and opportunities for staff to participate in online training from the American Foundation for the Blind and Hadley.

- Review procedures used by staff for documenting race, specifically Hispanic, and how SMILE is providing this number to administrators.

***Rationale:*** RSA-7OB data indicate that no Hispanic consumers were served in FFY 2015 or 2016. Interestingly one survey respondent for 2015 and one for 2016 reported their ethnicity as Hispanic. Hispanic individuals may be underserved and/or be underreported on the RSA 7-OB for a variety of reasons. Since individuals reported they were Hispanic on the survey in two years where no Hispanics were served as reported on the 7-OB, it is suspected that Hispanics are not being captured in the data system.

- Continue to review procedures for identifying consumers who have hearing impairments in order to assess if numbers are underreported on the RSA 7-OB.

***Rationale:*** Forty-seven percent of individuals completing the Program Participant Survey indicated that they have a hearing loss. Data on the RSA 7-OB on all consumers served indicate that only 39% of consumers had a hearing loss. Since the consumers responding to the survey were slightly older than the overall population of those served, we cannot know for sure if this could explain the gap. Last year the difference was 13% (7-OB data vs. survey data). Continued monitoring of the reporting of hearing loss should be ongoing.

## **Commendations**

The following commendations are based upon findings from program evaluation activities and are provided in an effort to support the positive outcomes of the OASIS Program:



- The 2016 survey response rate has improved to 39%--3% more than in 2015, 9% more than in 2014, 8% more than in 2013, and up 12% from 2011.
- OASIS purchased over \$47,475 of assistive technology, ranging from handheld electronic magnifiers, CCTVs, OCR devices and a bar code scanner. In addition, CCTVs were recycled as units became available.
- OASIS has maintained its level of services provided to African Americans and even slightly improved it from 2014. In 2014, the percentage of African Americans served as reported on the 7-OB report was 21% and increased in 2015 to 22% where it has remained for 2016.
- Although OASIS continues to have staff shortages, it is commendable that several new hires have had certification and experience prior to their employment with ADRS.
- OASIS continued its Camp SAVI (Seniors Adjusting to Visual Impairment) for the sixth year. This year's event included Eight consumers and five support persons who participated in this training.
- Center-based services continue to be offered to consumers in Birmingham, Mobile, Muscle Shoals, Huntsville, Tuscaloosa, and Dothan. Plans to expand center-based services in other areas of the state continue. Center-based services provide a much-needed option for those consumers who learn best in group and other more controlled settings.
- Responding to a recommendation to use more O&M contract services, fifty hours of contract O&M services were provided to fourteen consumers, up ten consumers from 2015.

**In summary,** the OASIS program supplements its statewide itinerant service delivery model by providing center-based programs in high-population areas of the state. This combination of service delivery methods has proven to be highly effective in improving IL functioning of older adults with visual impairments. When fully staffed, the core of services is provided by 20 itinerant VRTs (3 full-time; the remainder quarter-time) and 6 O&M Instructors (each quarter-time). At

the end of the current year, the program had three VRT vacancies and two O&M instructor vacancies. These professionals assess all referrals, develop individualized teaching plans in collaboration with consumers, provide direct services, and identify and coordinate community resources to facilitate consumers' achievement of their goals of independence. Direct service staff reside in or near the local communities they serve and are sensitive to, and familiar with, the needs of local consumers. Furthermore, professionals are enthusiastic and dedicated to the task of helping program consumers reach their maximum level of independence.

Overall, program participants are very satisfied with the manner in which services were provided. The vast majority report increased functioning on key IL tasks as a result of their participation in the OASIS Program. In addition, comments made by participants are indicative of a satisfied and appreciative consumer base.

OASIS is a program with multiple strengths and some vulnerabilities. The program's strengths include: (a) a service delivery system that encompasses all 67 counties within the state—largely the result of an advantageous partnership with AIDB providing financial support for all but three direct service delivery staff and providing space in regional centers for center-based services; (b) multiple partnerships with organizations and agencies throughout the state providing a broad array of services and resources; (c) qualified and experienced direct service delivery and management staff who are committed to the program's mission to improve IL functioning of older adults; (d) a large network of peer support groups; and (e) a considerable number of satisfied consumers who reflect the positive outcomes of the program in their daily lives. The program's vulnerabilities include: (a) dependence upon a small federal grant that is not increasing at the same rate as program operational costs; (b) an expected increase in demand for services by the aging baby boomers; (c) dependence upon minimal state funding; (d) increasing cost of assistive technology, especially high-end hardware; and (e) a shortage of qualified orientation and mobility and vision rehabilitation therapist professionals to fill current vacancies.

The OASIS Program is a leading example in the nation of the efficacy of IL services in maximizing the independence of older individuals with visual impairments. This well-managed, highly resourceful statewide program makes a

significant difference in the lives of Alabama's senior citizens. OASIS is highly visible and well respected among the state's aging community. The program provides the ADRS with great visibility around the state and nation and enhances its reputation among many service agencies and organizations. All citizens of Alabama can be proud of a program that serves consumers so effectively.

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## APPENDIX A: PROGRAM PARTICIPANT SURVEY

## Alabama Independent Living Program Program Participant Survey

**Instructions:** Please tell us about the help you received from our Independent Living Program by completing and returning this survey in the enclosed self-addressed envelope. Your participation is completely voluntary, and you may skip any items that you do not wish to answer. It should only take about 15 minutes to complete. All of your answers will be confidential; we do not need your name. Your feedback will help us improve our program and is greatly appreciated! You can call 1-800-675-7782 and ask for Angela Shelton or Kendra Farrow, if you need assistance completing this survey.

**Please circle the response in the column to the right of each question that best describes your opinion of our services. Please add any comments that you wish.**

1. Services were provided in a timely manner.

Comments:

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree

2. My teacher was attentive and interested in my well-being.

Comments:

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree

3. My teacher was familiar with techniques and aids used by blind and visually impaired individuals.

Comments:

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree

4. I was satisfied with the quality of services provided by the program.

Comments:

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree

**Next, we would like to know more about how specific services have helped you become more independent. Please mark the responses below that best describes your current situation.**

5. After receiving help in using a white cane, learning safe travel skills, or use of public or para transit systems, I am more confident in moving around my community.

- Agree
- Somewhat Agree
- Disagree
- I would have liked to receive this service
- I did not receive this service

Explanation/Comments:

6. After receiving help to use appliances, cook safely, clean and organize my home, complete writing tasks, or participate in leisure activities, I am better able to complete these tasks.

- Agree
- Somewhat Agree
- Disagree
- I would have liked to receive this service
- I did not receive this service

Explanation/Comments:

7. After receiving a magnifier, I am better able to use my vision to complete tasks.

- Agree
- Somewhat Agree
- Disagree
- I would have liked to receive a magnifier
- I did not receive a magnifier

Explanation/Comments:

8. After receiving a CCTV, electronic reading device, digital recorder, or pen friend, I found that the instruction provided in how to use the device was enough to help me make use of the device.

- Agree
- Somewhat Agree
- Disagree
- I would have liked more instruction
- I did not receive any of these devices

Explanation/Comments:



9. Compared with my functioning before services, I am now less dependent upon others in performing my customary day-to-day activities.

- Agree
- Somewhat agree
- Disagree

Explanation/Comments:

10. Compared with my functioning before services, I feel I now have greater control and confidence in my ability to maintain my current living situation.

- Agree
- Somewhat agree
- Disagree

Explanation/Comments:

11. After receiving the document “Rights and Privileges of the Blind”, I felt like I better understood services and programs for persons in Alabama who have vision loss.

- Agree
- Somewhat Agree
- Disagree
- I would have liked to receive this document
- I did not receive this document

Explanation/Comments:

12. I found the peer support group helpful.

- Agree
- Somewhat Agree
- Disagree
- I was not able to get a ride to attend a peer support group
- I was not given information about a peer support group
- I am not interested in attending a peer support group

Comments:

13. Please help us improve the program by providing suggestions on how we could have improved services to you or how we could improve services to future consumers.

14. Tell us the greatest difference this program has made in your life.

**Now, please tell us a little about yourself.**

1. What is your age? \_\_\_\_\_
2. Are you \_\_\_\_\_?
  - Male
  - Female
3. Do you \_\_\_\_\_?
  - Live alone
  - Live with others
4. What is your county of residence? \_\_\_\_\_
5. Are you \_\_\_\_\_? (check only one)
  - Hispanic or Latino of any race
  - White
  - Black or African American
  - American Indian or Alaska Native
  - Native Hawaiian or Other Pacific Islander
  - Asian American
6. What is the main reason for your vision loss? (check all that apply)
  - Macular Degeneration
  - Glaucoma
  - Diabetic Retinopathy
  - Cataracts
  - Other, specify \_\_\_\_\_

7. Would you rate your vision as poor or very poor?
- Poor (I can read some regular or large print with glasses or magnification.)
  - Very poor (I cannot read print at all, even with glasses or magnification.)
8. Has your ability to see \_\_\_\_\_?
- worsened during the past year
  - improved during the past year
  - remained about the same
- 9a. Do you have a hearing loss? \_\_\_\_\_ Yes \_\_\_\_\_ No
- 9b. If you have hearing loss, did you receive instruction or information about resources related to your hearing loss?
- Yes
  - No
  - Not sure
10. Do you have any significant health condition(s) other than vision or hearing loss? (Check all that apply)
- Cardiovascular/stroke
  - Movement (bone, muscle, skin, joint)
  - Diabetes
  - Cancer
  - Depression/Mood Disorder
  - Cognitive/Alzheimer's
  - Other \_\_\_\_\_

11. Has your overall health \_\_\_\_\_.  
— worsened during the past year  
— improved during the past year  
— remained about the same
12. Before you received services, had you considered going into a nursing home or other long-term care facility?  
— Never  
— Sometimes  
— Often
13. Did the services you received help you remain in your home or private residence?  
— Yes  
— No  
— Not Sure

Today's date: (mo/day/yr) \_\_\_\_\_



## APPENDIX B: CONSUMER COMMENTS

**Alabama**  
**PROGRAM PARTICIPANT COMMENTS**  
**2016**

**A special effort was made to capture participant comments verbatim; therefore, some deficiencies in grammar, syntax, and clarity of expression may be noted.**

**1. Services were provided in a timely manner.**

015 My teacher, [Name Removed] was very prompt with our rescheduled meetings  
022 Very good  
025 Can't find fault in any services. Very likeable. Pleasant experience.  
030 I believe visits should be more frequent.  
039 Thorough, very considerate of needs.  
040 Very much  
052 It was and very pleasing person.  
057 Very Good  
062 Yes  
086 Yes, were brought to my home and demonstrated to me. Very helpful!  
Was given some suggestions for Parkinson also.  
094 Always on time  
107 Yes, very efficient and concerned for me.  
111 All for it! When I found out about it, they said this lady may be able to help me. So, I called, had a few appointments and everything worked out well.  
118 Yes they were.  
135 I enjoy this program  
136 Appointments set up and kept on schedule  
142 Outstanding rep. and services  
156 She was perfect  
158 My teacher was very encouraging  
183 Her people skills were great. Just all around warm person. I did not want her to leave  
190 She was a very nice and helpful person!  
207 Need more therapists. Present staff stretched very thin over a large territory.  
209 Kindness and support was given each day. We worked and talked all things that were given to me helped. Best of care.



214 Very timely and professional.  
217 Helpful, reassuring and vital at the time of uncertainty! The information provided fostered self-sufficiency and confidence to deal with losing eyesight. Thank you!  
227 Yes  
228 I was impressed with the service  
232 She was very good!  
248 Very orderly, scheduled and thoroughly.  
255 Very much so  
256 Very good  
264 Very timely  
266 Tapes and tape players had to be ordered.

## **2. My teacher was attentive and interested in my well-being.**

008 So very attentive to providing help for us.  
009 Thanks very much  
015 Very concerned and took ample time to listen  
022 She did a very good job. She was blind.  
028 [Name Removed] is an excellent teacher. She was very patient with me. She made suggestions about equipment that I can use. She even took the time to put stickers with large letters and numbers on my computers.  
030 [Name Removed] is very kind and personable. I think adding follow up phone calls for questions/progress checks would be beneficial  
032 [Name Removed] was great. I really appreciated her help.  
040 This program has really helped me.  
051 She was very interested in me being self-reliant and did everything she could do to help.  
057 Yes  
060 Always interested and attentive  
061 Very helpful  
062 Yes  
063 She was great. So perfectly nice, the way she dresses. She is wonderful, she acts part of the family.  
072 I was impressed with her demeanor and knowledge of the subject. She set me at ease immediately, and I felt so blessed to have her.  
077 Very, very nice  
078 She showed a genuine concern in wanting to help me with my day to day tasks.  
085 She very sweet and helps me any way possible.  
086 Yes, very caring of my needs. Provided some useful objects I use.  
088 Very helpful  
093 Great teachers

094 She and her assistant were very good to me. She brought me out of a depressed state.

096 [Name Removed] was exceptional- asked pertinent questions

099 She was very patient and assuring.

111 Thought it was a wonderful program. I couldn't believe people wanted to help me. Helped me cope with my vision impairment and daily living activities. I read a lot. She gave me information to call a young man to help me find the types of talking book titles. Gave me several notepads with heavy lines for taking notes.

115 Very good. Communicates well

118 [Name Removed] was very attentive and interested in my handicap.

129 My teacher is a very caring and helpful person. I enjoyed all the help she gave.

130 Very thoughtful and attentive

135 I had no idea a blind person could do so much. She is great.

136 Understood needs and provided help

145 She was excellent!

153 He's a good teacher. Patient, kind, and helped in all ways. He was very passionate about his job. I enjoyed his visitations.

156 She was extremely nice. Answered any and all questions I need. Went through appliances to make sure everything works.

165 Very kind and sweet. [Name Removed] was great!

171 Very encouraging and pleasant

180 She was always on time and very helpful

183 Her people skill was great. Just all around warm person, I did not want her to leave.

200 She was well trained and concerned about me.

206 The sweetest person. Great people skills

208 Same as above

214 She was very sweet and helped me in many ways.

217 Addressing what some call routine, the challenges from identifying buttons to activate appliances to independence in dialing a telephone; made a difference!

227 Yes

228 She sent items that would be beneficial to meet my needs.

234 Yes a BFF

240 She is very nice and very patient. Couldn't have asked for a better one. Explained everything in a matter you could understand.

248 Provided answers to questions.

255 Very much

256 Yes, excellent

257 Everything was great

259 He was intelligent, well prepared, kind and patient at all times.

264 Everyone was so kind  
266 [Name Removed] gets an A+

**3. My teacher was familiar with techniques and aids used by blind and visually impaired individuals.**

008 Excellent familiarity!  
009 She was very up to date.  
015 Very educated on all  
022 Very very good  
030 Some questions that I asked were apparently uncommon and required research  
040 My life is much better, thanks to my teacher.  
057 Yes  
060 Very aware  
062 Yes  
072 Very knowledgeable on all subjects  
085 She has really helped me.  
087 Because of her similar visual challenges, she was very sensitive to my needs.  
093 Very knowledgeable  
094 She lives what she teaches.  
096 She offered suggestions from broad range of services  
136 Very informed on needs of people  
171 Shared a lot!  
197 He was very patient (the teacher) with me in showing me how to use the aids.  
200 She knew how to work everything and taught me how to use them.  
210 If she was not, she had contacts who could help her  
214 Explain and showed me how to use the items.  
217 She made the difference in procuring a reading aid that works!  
221 Very good  
223 She could not been any better  
236 [Name Removed] was very helpful. She is an asset to this program.  
248 I learned a lot from the strategies, tips, and uses of the adaptive devices.  
257 She was patient

**4. I was satisfied with the quality of services provided by the program.**

015 [Name Removed] provided excellent quality of services  
022 Really helped me.  
027 She gave me lots of good information. Soft spoken and though

030 Would have liked to get a talking watch and a doorbell device that blinks a light to notify me.  
057 Yes  
060 [Name Removed] is the best.  
061 Very  
062 Yes  
063 Greatly satisfied. She makes me feel like a friend.  
072 High quality  
078 Always willing to take whatever time to show me and help me with the tasks she was teaching me.  
087 Thank you! Thank you!!  
093 Outstanding and very much appreciated  
099 Most satisfied  
103 Great program  
125 Very surprised and glad to see my tax dollars at work.  
136 Could not have asked for any more help very well provided  
145 It felt like Christmas had come because I didn't know all these resources were available.  
158 He helped me in so many ways.  
189 I had one question and [Name Removed] had a great answer!  
205 My teacher was very nice. I enjoyed her visits very much and she tried a lot with me. God bless her in her work.  
214 I was amazed and did not know about the program until a friend told me.  
217 Well-instructed to the need and importantly, to help a concerned person losing eye sight cope and be self-reliant.  
266 The aids are wonderful. Thank you!

**5. After receiving help in using a white cane, learning safe travel skills, or use of public or para transit systems, I am more confident in moving around my community.**

008 The white cane is quite helpful. I use it often.  
015 I did not need this service. My husband is home to drive me.  
018 Not requested.  
019 We have not covered this at the present time  
022 I did not need this service.  
024 I didn't need the above service  
030 Occasionally use paratransit, but only to familiar locations. No additional navigation skills offered. Short of using the white cane, how can I discreetly self-identify as a visually impaired person? Or seek help?  
031 Do not need to use white can, not totally blind.  
039 N/a do not use a cane

040 The cane really helps me with curbs and steps. I could tell if it was high or flat. Thanks a million.

043 Not needed

045 I did this when I first lost my sight in 2010.

046 Not necessary at this time

051 Haven't received a cane yet. I've been waiting going on 2 years.

055 No white cane needed

061 Help me use the Wave

063 Loved these services

072 Not needed

073 While I am not at the stage of using a cane, I am learning how to use it effectively.

074 Did not apply to my situation.

079 Never needed a white cane. Used a walker before the service and still am using a walker. I have private caregivers and my own car they drive when I am out of [Name Removed] estates.

084 I just learned using the white cane and a cane I use for balance.

085 I am bedridden.

086 My husband drives me and helps me in and out of the car.

087 Mobility services/training received ten years ago.

089 I am a WWII veteran with hearing loss and tinnitus and get help from them. Also I went to the [Name of Another Rehab Center Removed]. 5+ weeks June- July 2013. But they were prohibited by AL. Dep. Of Rehab to help me. VA furnish me with 7x mag reading machine and other things.

091 No experience here

092 I use a walker.

093 Very helpful tips

094 I wanted to get out and go places again.

099 Cripple (cannot walk at all)

111 I do not get out. I'm not completely steady on my feet. I have a fear of falling. I live in an independent living apartment.

112 I am not completely blind.

121 I am not ready for this service at the present time.

128 My family takes care of my transportation needs.

135 Did not need at this time.

136 White cane gave me more confidence in walking to prevent me from falling.

139 I'm unable to travel without help. I have trouble getting from bedroom to living room with my walker.

143 I received in the past and didn't need it.

152 Couldn't get comfortable with the canes.

160 I do not use a white cane yet.

161 So far I can manage on my own. My granddaughter helps me.

162 Didn't need or want  
163 I did not need this.  
168 Can still see a little but is getting worse.  
169 After given white cane gave more confidence in more areas  
171 "I" need to use it more often. I do practice.  
178 I did not need this service at this time.  
183 No money at this time to pay  
189 I have not needed the white cane. My walking about vision is good. I use the magnifying glass to sing in church with the larger print hymnbook the church provides. Thank you for supplying this much used item!  
191 I have not received instructions with the white cane.  
197 I opted not to receive the white cane.  
202 Not a major issue for me.  
206 Rescheduled to receive service  
207 Did not need this  
208 Did not require this service  
209 They explained about equipment that was available if I had a need for them. I can see pretty well.  
212 Discussed – outside home usually always with someone to assist.  
213 My husband drives me around  
217 Education on helping others help to visually impaired deal with basic, even to the entry into a building with husband.  
221 My worker helped greatly in my use of everyday tasks. I couldn't ask for anything more.  
222 The white cane was a big help to me.  
224 I did not need them  
225 I do not need cane at this time. In fact, I have a walker.  
226 I do not need these services now.  
228 I had trouble judging how far to step up and down with more confidence.  
230 I did not receive the cane  
233 I did not need this service at this time  
234 I do not need this service.  
237 I did not need this service at this time.  
248 At the present, I am trying to be as independent as I can. I am practicing using canes.  
249 Have family transportation  
251 Don't need it. Not needed  
257 Not that far yet  
259 I do not need this service  
260 I was asked about a white cane, but I didn't think I needed one yet. But since my case is about to be closed, now I do.  
264 I was offered this service. Have not used it yet.

266 I did not require this service.

**6. After receiving help to use appliances, cook safely, clean and organize my home, complete writing tasks, or participate in leisure activities, I am better able to complete these task.**

015 All suggestions and instruments provided were very helpful to me.

022 Not needed

025 The needle and thread, all the little things have been a great deal of help.

029 She was helpful with washer and kitchen appliance

030 The thermostat, doorbell and smoke detector/emergency exit plan were not addressed sufficiently

031 Don't need this service

033 Do not do above tasks

041 I live in retirement home. I am able to do these things.

042 Not applicable- except for Hot Pot use and microwave

051 Reading machine

055 Did not need cleaning help or organizing

057 Good

063 Keep on using whatever services is provided

067 Can't see better

072 Cleaned out closet, wrote checks, got my apartment in a neat way

078 I love the hotshot and cutting board. The clocks and the calendar are a tremendous help! They are great!

079 Private caregivers take care of cooking, cleaning, laundry, etc.

085 Reading and writing

093 What a difference it makes!

094 I am no longer sitting in a chair feeling sorry for myself.

099 Found a method to sign my name

102 I received measuring cups and spoons. They help.

111 Need a new microwave, and when I get one she said she would come back and mark it for me.

121 I did not need some of the things I was offered

134 I am doing very well. I was not able to use appliances before services

135 I see enough to do this.

136 Helped me to use my ability to do more creative activities I enjoy doing

139 Not only does she have trouble seeing, her memory is bad. The last time she used the stove she tried to boil coffee in a plastic cup. She also has degenerative disk that prevents her from house work.

143 I have supplies and knowledge to mark my clothing and cans of food but I have not done it yet.

144 She is more confident

152 Showed me certain things to do, marked the microwave, etc.  
158 Makes my work much easier. Helped me in so many ways including stove, dish washer, and laundry room.  
168 Threading a need, but can no longer  
169 Live in apartment but cannot see. I do not use the kitchen, but has helped with cleaning, linen changing, etc.  
170 Did not know about some of the items furnished. The items will make cooking faster and safer.  
171 I am more confident in moving about and socializing.  
174 I do not live alone. I have someone who helps or does these for me.  
178 Not sure I got all of this. Did get some markings on stove. Didn't need some of others.  
183 No stove at that time  
189 I do not need this service so far. My vision impairment is close up. As I wrote above, the magnifying glass is a tremendous help!  
200 I can now prepare my own meals.  
206 Have no stove, but received microwave training  
214 This helped me a great deal.  
217 The critical controls now have identifiable features for selection to make them work.  
223 Some of the help she offers I don't need yet.  
226 I do not need these services now  
233 I can use my microwave now!  
234 I did not need this service.  
238 In a nursing home – this service was not received.  
248 I never knew of the assistive devices or how to use them before.  
251 Not needed  
255 I can still do pretty good. I will need it later.  
257 Showed me how to use my coffee pot  
264 Helps me so much to be independent

**7. After receiving a magnifier, I am better able to use my vision to complete tasks.**

008 A Huge help!  
015 It would be very hard to perform any task without magnifier and other instruments provided to me.  
018 Not requested  
019 Still not able to see some of my reading articles and require nearby or present help  
022 Able to read again  
026 Great help  
030 I have not developed skills sufficiently to use the magnifier effectively.



039 Cannot read small print. A true help in my reading.  
042 I am able to use a hand-held magnifier to help with reading.  
045 I already had been given one. My vision had gotten worse so I got the CCTV.  
060 Very necessary  
063 I haven't been able to see without this  
065 TV glasses are great  
068 I would have liked a larger magnifier to cover a letter-sized sheet (8 ½ x 11).  
072 Love it. It's wonderful. It has changed my life for the better.  
078 Showed me how to better use the magnifier  
085 I would like to if possible  
089 I have just about lost all sight to do what I'm doing now. I have to work hard to keep up.  
093 Don't know what I would do without it now!  
094 I can read instructions and not feel helpless  
111 Have not really learned to use the magnifier properly. I sometimes go back to my unlighted magnifier.  
113 I really enjoy my magnifying tool.  
118 Reading mail, recipes, bills, etc.  
121 At this time I could use more magnification. Although not sure.  
132 Excellent device!  
134 I went to doctor; he couldn't find anything to help  
135 Can read the paper.  
136 Made a big needed difference  
139 Now able to see dates of month and sign her name.  
145 It's wonderful! I have one I can put in my purse and a bigger one.  
149 The magnifier was great help until Dad was totally blind.  
152 She brought several different magnifiers to try but they didn't work.  
158 I use my magnifier several times a day in cooking and reading everything.  
168 Really appreciate the magnifiers. They were of good use.  
169 Able to use to best of ability, but cannot see  
170 This is very important to be able to see what is in food  
174 Tiny hand held  
175 Still have trouble reading with magnifier  
178 Just need larger magnifier to cover more area  
189 I use it often.  
194 Wonderful. Great help. Great teachers and great programs.  
209 Much good use  
212 Had a magnifier. Vision too poor.  
214 Yes, if it weren't for magnifiers I don't think I could survive.  
215 Changed life! I can read extensively again!

217 Wonderful, and the demonstration magnifier allowed self-learning and identification of useful features. Well done.  
222 I couldn't read at all before getting my CCTV  
223 Am able to read documents  
228 Am able to read documents.  
234 A great help!  
241 Did not want one- had one at home.  
248 I am sure that my vision will get dimmer.  
260 The 6x magnifier is still not strong enough for me, although the light helps; the lens is not big enough.  
264 It's always right by my side  
268 Told assistant could not use

**8. After receiving a CCTV, electronic reading device, digital recorder, or pen friend, I found that the instruction provided in how to use the device was enough to help me make use of the device.**

001 I received an audio book player. Agree instruction helped me use it.  
008 I thoroughly enjoy the CCTV- it was an answer to prayer.  
015 Very helpful! I read a lot and journal. Did not know about CCTV's until [Name Removed] explained to me!  
018 Not requested  
022 Not needed  
026 Great help  
038 Talking book player  
040 This was the greatest thing that happen for me, after I could not read my book anymore.  
042 I found my very poor eyesight prevented me from using it fully, and returned it- the electronic reading device.  
045 I can now read with my CCTV.  
046 Already familiar with this equipment from working with blind in Minnesota.  
048 She is a really nice person.  
051 I have been able to look after my personal business  
055 I returned already, apartment small for this. I have medical equipment from doctor prescribed.  
060 Did not need  
062 She was very helpful and very nice and caring  
072 My teacher showed me how to operate the reader.  
079 Except for "pen friend" if that is the card boards that assist and keeping writing checks, etc. online.  
085 I would like to if possible  
086 My husband is my pen friend when needed.

087 Did not receive a CCTV. I donated a CCTV to OASIS  
088 very helpful  
089 With what I had learned how to use the TV reader over the years. My recent teacher took time to show me something new.  
093 I use it every day! Love it!  
094 It is a wonderful machine my life is worth living  
095 I am more independent now than I was before I received the services.  
096 Received talking alarm clock and wrist watch- very helpful  
099 I received a magnifier and watch, and device that tells me the time. I most appreciative for having these.  
107 Received TV glasses and large number phone. Great.  
115 Weekly visits were helpful  
129 I was not able to use the CTV that I received so I sent it back.  
135 Do not need  
143 I got pen friend  
144 I received a video magnifier.  
145 Excellent teacher!  
152 She brought several devices, but none of them worked with my vision loss.  
155 I would like to have been shown this device.  
156 100%  
165 The instructions provided were not very good, but my teacher helped.  
171 I am interested in a CCTV or electronic reading device.  
175 Had trouble seeing correct buttons  
178 Except recorder (reads stories) from library and did receive good instructions for that. I should have said – reading device  
189 No need so far.  
191 I have not received.  
206 I enjoy this device very much  
213 The CCTV has changed my life and given me my life back.  
214 Love this. My favorite now I can better read the Bible.  
217 Learned, used and know the needed feature to buy one.  
223 I already had a Merlin and she helped me to use it better.  
228 I enjoy listening to the books  
234 This is a blessing.  
241 Already had and make use of this from library.  
248 For the products provided, the instruction was excellent.  
255 I love to read.  
260 They asked me about a “reader” but I didn’t want to be greedy. Now that my case is being closed (why?), I think I should have accepted one.  
262 I bill, Books on tape, talking clock  
264 On my kitchen counter used often

**9. Compared with my functioning before services, I am now less dependent upon others in performing my customary day-to-day activities.**

015 With suggestions and ideas presented to me, I learned and continue to learn how to adapt to a new way of living.

025 More comfortable doing what I do.

027 I wasn't dependent on anyone to complete tasks yet.

030 Services have allowed me to remain in the community but as my vision has worsened I am more dependent on others for support, transportation, etc.

060 Still need my wife to drive and read some items

066 Always was independent with myself

078 Clock and calendar are worth so much to me. Helps me know when to take my medicine with the clock. I now can keep up with the month and days too without having to ask others.

094 I hated loss of independence

095 With the magnifier glass I can read my own mail with help.

104 Actually more things I can do- don't choose to depend on others

111 I still have to depend on other people to shop.

115 Teaching was good but memory loss prevents me from remembering much of the lessons

134 I am 100% independent inside my home

139 You helped but the stroke, disk and memory

143 When I get it all set up.

154 Helped me so much!

168 Wasn't totally dependent

171 I still need assistance.

179 About the same due to condition - although services received have been very beneficial

189 Receiving the magnifying glass has made me quite independent.

194 Great teacher and great program.

214 Learned a lot and it all helped a lot. More self-confident.

217 Great coach, leader, guide and friend in helping through a trying period

221 Other than being able to drive

222 I'm doing many things for myself that I couldn't do before.

223 I got help to use the washing machine, dryer and microwave.

246 My training was administered at the trade school (Gentry).

248 Yes, but realize that the older I become the less dependent

249 Still dependent

264 Nothing like being able to perform for myself

268 Has been somewhat independent

**10. Compared with my functioning before services, I feel I now have greater control and confidence in my ability to maintain my current living situation.**

015 Acceptance of the visual impairment thus far  
044 Eyesight has declined since receiving these services.  
072 Strongly agree  
086 I live with my husband. He is my care taker. He does many things for me often.  
094 I still miss my driving ability  
095 I can do more things now than I did before the services  
111 I'm doing fairly well. My main task is don't panic.  
139 If not for her other problems, I'd agree  
143 I can read my prescription bottles  
145 As long as my heart holds, and doesn't give me problems.  
154 100% agree  
158 I don't have to ask friends for help in sewing. Like threading my needles.  
171 I don't do anything totally on my own. I live with my husband and depend on him and other family members.  
179 About same- services have been beneficial  
189 My main loss of independence occurred when the eye specialist said, "You are not even allowed to drive a car again!" Losing my "wheels" was my biggest shock, so far. And I had just spent big bucks putting my car into crème-puff condition.  
214 Very much so  
217 Can now read sentences!  
221 Strongly  
234 At this time, I am still able to help myself.  
248 This depends on age and the glaucoma, which will get worse  
257 Everything has helped, but I don't think I've received everything they have to offer.

**11. After receiving the document "Rights and Privileges of the Blind", I felt like I better understood services and programs in Alabama who have vision loss.**

015 Did not know before [Name Removed] started working with me, that there were many services offered to the visually impaired  
022 Did not need it.  
030 I think this document should be included in initial program orientation/family consultation and the teacher should expound upon it. Encourage self-advocacy/self-determination.

063 This program has helped me and will help others be more independent with the service that I had.

079 I am not blind- vision problems due to macular degeneration

086 I feel like I will need more services later.

094 I thought I was all alone. I was in a long-term pity party.

095 I wasn't of all the services provided, but after reading about the services, I am more aware of what is available.

103 I have low vision. I don't think I receive this

104 Already knew

111 I'm sure it would be helpful if I refer to it again.

121 I had wondered about this, or may not have understood when presented.

125 Not familiar with this document. Probably a reason for that. I'm not that far along with my vision loss yet.

131 [Name Removed] is very descriptive and personable while helping me with my items to help me live more independently.

136 I have visual problems since 1990. Lived in [Name of State Removed] and [Name of State Removed]. Never got any help. Thank you Alabama for everything you did.

139 I see what (my husband is writing this) the program is about.

143 I was given some papers but I can't read them

152 Can't remember if I did or did not receive this document.

168 Do not remember receiving this document.

171 As a retired special education teacher, I am aware of most legalities.

179 I don't recall this document- could have been left on first visit.

189 I am not blind. My vision impairment is mainly reading. I can read the large print on this questionnaire with my glasses; no magnifying glass needed.

202 If I received this, I did not read it.

209 I didn't know all the things for your team gave to me that the state would help with. I'm so appreciative.

213 I did not see the document but it was explained. It may have been given to me.

214 Haven't had a chance to read yet

222 I don't remember

223 She might have given it to me, I'm not sure.

234 I received a copy, but I have not read it. Sorry, reading is difficult. I will have someone read it to me.

239 Appreciate services

246 My training was administered at the Trade School (Gentry).

248 I will contact the AIDB and follow up with what I can do from this point on and as time progresses.

## **12. I found the peer support group helpful.**

001 No peer support group available

014 None in town

015 I wasn't able to attend any support groups although I was notified of them

022 I got to see people that I didn't know they had eye and seeing problems too. Went to school with some of the people.

042 I do not remember hearing of a local peer support group.

051 We do not have a support group in my area

053 Have not attended but to begin soon.

063 I am interested but haven't attend and wasn't given information

066 I did not have a peer support group. I've been asking for one. I live in [Name of Town] and the closest one is [Name of Town].

078 Other health issues make it very difficult to go out in public.

080 I attended the peer group and it was helpful in regard to independent living but I needed more support adjusting mentally, the group was not age compatible.

082 Group meetings are very helpful

085 Bedridden can't go anywhere.

086 My husband took me to the Low Vision support group meetings. We interacted in many ways in [Name of Town Removed]. Very Helpful! Film were very educational. Many speakers were great. Being able to ask questions was great. The field trips were great.

094 We keep our grandson (4 years old) so my husband couldn't take me.

096 Hope to try it soon!

111 It would be extremely difficult to find my way off campus. I have peer support here where I live.

115 Trying to attend next meeting

125 I probably would not be interested in a group either.

139 Because of the pain in my back and legs.

145 I don't have a driver available all the time, and there's no bus service where I am.

149 Dad was too weak to attend them.

155 I have not attended yet

160 At this time, I am not attending a peer support group.

165 Did not attend a peer group

169 Living in retirement community not approved and did not ask. Did not apply.

171 Love attending... Enjoy being out and socializing.

176 Unable to attend

178 At this time some teaching classes, I might be able to attend if it is something I was interested in.

183 Have not been to one  
189 Not available here. Three friends said, "Call, I will drive you wherever you need to go." And they have. Also my daughter drives me most.  
196 Have received excellent support to help me deal with my sight loss.  
204 Have not attended support group yet.  
206 I have not gotten there yet  
210 Most meetings conflicted with cancer treatments. I was not interested in a second group, which I attended only once.  
211 The services is very helpful for my brother. We are very pleased with it. [Name Removed] is very helpful.  
212 Haven't been able to attend because of schedule, but will when we can. Interested.  
215 Is this the [Name of Town Removed] meeting? I look forward to going July 12<sup>th</sup>, 2016.  
217 Absolutely wonderful coach!  
222 I was told about some but I didn't really know how a support could help me. I do think I would like to try one.  
223 In the process of joining a group, which hasn't started yet.  
234 Encouraging and fun.  
244 Not sure what this refers to. We were told about the Savy Program  
248 I will find the support group. I am sure that the peer support group will be good for me and I can learn from them also.  
258 I did not attend a support group.

**13. Please help us improve the program by providing suggestions on how we can have improved services to you or how we could improve services to future consumers.**

001 Everything is fine  
003 Everything is great. Just keep doing what you do.  
005 This is a fine program.  
009 Having better funds for the program with the state and federal government  
011 The service I received was great. I don't have any suggestions, as I haven't been in this situation that long. I was very pleased with everything the service has done for me.  
014 Everything in large print  
015 I would not recommend anything else. All services and suggestions were provided! It's a wonderful program. My disease came on rapidly and was so scared until I was introduced to this program and [Name Removed].  
016 The program is a good one  
017 I wish I could receive a surgical procedure to correct my vision but was



told there is no corrective procedures.

022 Some people live by their self don't have transportation have a problem getting to meetings.

024 Could not find any improvements

025 No suggestions because she shared so many services that I was not even aware of. I let my friends know about the services as well.

027 She was so kind, pleasant and went the second mile to provide services

028 I cannot think of any improvements. I believe that the services that I received were excellent!

029 It was wonderful; you couldn't improve on it. I would have liked to have some resources related to hearing loss.

030 Listening and offering feedback because this is a trial and error process would be helpful. Referral to other community-based services- transportation, home health, housekeeping, food stamps, VA, etc.

035 Everything was fine with me.

038 The services I received were great and improved my quality of life. I was very impressed with Oasis services.

040 I did not know there were so much that could help people. I could not even thread a needle. Thank you so much.

041 Was not aware of services until a friend was talking about the services provided

042 I was happy with the services I received.

046 I really felt the services were efficient and helpful.

051 By having more help since have been waiting on a cane going on 2 years.

052 Let [Name Removed] go see them. They will tell you she is wonderful to take all the time we need to understand.

054 Try to reach as many people as possible with eyesight problems.

055 To have clip on shades, for us who have to wear glasses. The other sunglasses are bulky for ladies or maybe men.

056 Would like instructor to check on my needs from time to time

060 Use of hand held magnifiers that are strong enough and yet provide a wider area of vision for reading!!

061 I was very pleased.

063 I don't know how I got dropped out of the program, I just stopped hearing from my teacher. I kept receiving the books but never heard from anyone. I had to go through the library to get help. I needed a counselor to talk to. Need to keep in touch with people and keep them in the program. I am glad I am back in the system, so thankful. We need someone to talk to and encourage use. Finally found a set of glasses to see her kid.

064 Everything is great as is.

066 Service is great but we need a place in [Name of Town]. It would be

great to have a support group in [Name of Town] but we don't have enough people. They only work with people for employment. Really need a support group here.

067 Waiting to hear more from y'all

072 Very pleased with support, especially aids given to me: pillbox, felt pens, magnifying glass. I love it!

073 My teacher excels in her work and is a true candidate for following your mission statement to the letter. She is so dedicated to helping her consumer.

074 Not enough public awareness of your program.

076 Was great and helpful as is.

078 Your services and "instructor" were wonderful. She was very willing to take the time to show me things more than once if I needed them. She brought items to help me with my writing skills. I can now sign my name on checks and other things.

081 Satisfied with services

082 Encourage the state to donate more money for programs to extend services like these.

083 I am satisfied with my services

087 Continue to hire more rehabilitation teachers.

088 Long time to come see us.

090 Probably, but cannot remember.

092 I didn't know these services even existed, I met an employee and found out.

093 All the teaching and products have helped more than I can say. Thank you so much! This is the best program!

094 Let more people know about the program

095 I can't think of any services other than those already provided. I am deeply grateful.

096 I am the daughter- very impressed with how helpful this was for my mother.

102 Anything that can aid visually impaired is wonderful and life changing.

107 This is a great program and service, I received visual help and reading help along with TV clarity.

108 Program information should be readily available to future consumers.

111 I thought everything was terrific. Some of the things she offered me, I felt I didn't need or would use. The things she did leave, I do use. The only thing better, would be to see her every week. The system worked well for me.

112 My teacher did a great job in presenting the "aids" to me. She is very learned on all of the helpful things she gave to me.

115 Satisfied

118 It was a bit difficult at first to be able to reach the person to whom I

needed to speak to.

121 The lady who came to help me was a lovely person who was very sincerely interested in me and this handicap.

125 I personally do not have any suggestions. I was surprised what was provided to me. They did a great job as is.

127 Things are great now

128 Very pleased with the services I receive.

132 Found the service excellent; really helped me!

133 Using the CCTV, I can better understand my church information

134 I got everything I wanted.

135 Maybe someone should tell the eye doctors to tell us about this program. I found out about the program when I called rehabilitation services in [Name of Town Removed]. [Name Removed] called me soon after I made the called. Told about the program.

136 Keep on understanding our needs and continue your services

138 Not well known to individuals should make retina doctors more aware

139 The service is great, the only way I see to improve services is to do a follow up in 8 to 12 months later.

140 I cannot think of anything not covered

141 I don't see the need to improve the vision program as it has helped me and we have recommended others to use the program.

142 All services and interface were outstanding and professional.

143 I would like to learn how to play some electronic games on a tablet or smart phone.

144 I would like to know how to get a talking caller ID

145 Provide more ladies like [Name Removed].

152 Transportation availability, but I realize this is a complex issue.

153 Everything was fine. [Name Removed] was helpful.

154 The only thing I asked was for the tablet. Text was too large. Maybe a magnifier over the screen.

156 [Name Removed] is top! She is kind and very beneficial. She was superb! I've dealt with state rehab for years and [Name Removed] is the best!! [Name Removed] was great also.

157 I think that this is a wonderful program. I can't think of any way to improve it.

161 At this point, everything was done completely for me. I don't know of anything else that could be done.

162 I am satisfied

165 Great program-we did not know about these services and I am appreciative.

166 Help those who live in rural areas get to doctors', grocery store, etc.

168 Better advertisement. Lots of disabled individuals do not know about the program.

169 [Name Removed] is able, willing, and available to get to best potential  
171 Provide more information publically as to what is available (i.e. doctor  
office, churches, city hall).  
173 I'm impressed with all the help, inspiration, and confidence that I  
received. Now I feel I'm not alone. Thank you!  
175 Teachers being more personable.  
179 Program is wonderful and very beneficial. Thankful it is available.  
180 Hire a person like [Name Removed].  
181 Services are good as is!  
183 All was great  
189 You are doing a great job! I can't emphasize enough how much the  
magnifying glass helps. It goes with me everywhere, in my purse.  
192 It took many phone calls to find out about this program. Needs to be  
better advertised such as in local libraries and doctors' offices.  
194 Have check up to see if needed  
196 Service is excellent, but some individuals with aren't notified of the  
program. Go to the eye doctor regularly and tell friends/customers and no  
one has heard of the program.  
200 Keep up the good work!  
202 A brief summary of services and equipment available that can be left  
for review. A catalog of equipment was provided and was very helpful.  
206 You can't improve on what is good  
207 Increase staffing. More publicity letting people know that the program  
exists  
208 Advertise so others are aware of the available services.  
209 If you were given more funds for all our people, I would surely think it  
would help so much. How we get this help saves people. They can still be  
independent.  
212 The most difficult thing for us was finding out who to contact. Info was  
given while in rehab. Wish info had come from eye doctor years ago.  
Would make it easier to learn as eyes are detreating.  
213 By putting bright, eye-catching posters in doctor's offices and letting  
know about service. My daughter researched and found out about the  
services. My doctor never informed me of services.  
214 Maybe let it be known more to others. I had no clue there was such a  
program. Thanks for everything.  
215 [Name Removed] is looked forward to visits to this house. You are  
lucky to have her.  
217 Just does not get any better! Very well done!  
220 They helped me to feel better about things  
222 I loved it all  
223 I learned about it from a friend. I think more can be done to promote  
the program maybe through eye doctors.

226 I don't know of anything at present time.  
227 No suggestions  
228 The services have enhanced my level of independence.  
230 No suggestions for improvement, but I think it is a good program. It is good to know that I can call for help if I need it.  
232 Services were excellent for me! She brought me everything.  
234 Advertise your services more.  
235 None needed  
239 Let others know of program  
240 Make it more known to the public that these services exist  
243 Services provided to me was very good  
245 I thought the program was great and the trainer was very helpful.  
246 By orientating customers on services offered. Send out future information that is available to the blind.  
247 Services provided were excellent. Transportation is a problem  
248 At present, the program was implemented exceptionally well. If I think of anything in the future, I will inform.  
249 No need for improvement  
251 Biggest problem was getting contact with the right person and getting on the schedule.  
252 Keep doing the things that you provided for me  
253 Cane travel  
257 It's great!  
259 It was excellent.  
260 It would be nice to have contacted monthly or so to better informed or just checked on. I did not know my case would be closed until I received the letter that came with this mailing with no reason or explanation given. I just assumed it would be an ongoing program.  
262 Keep doing what you do. Glad to know what is available  
264 Just knowing this service is offered brings a peace of mind  
266 I do not have any complaints. The instructions were clear and easily understood. The instructor, [Name Removed], was patient and allowed me to move on at the rate I needed. [Name Removed] did not mind having to repeat instructions.  
268 No improvements suggested

**14. Tell us the greatest difference this program has made in your life.**

001 I now have the confidence, hope, less worry, and acceptance.  
003 It has made life much safer and accessible for me.  
004 Can read  
006 My teacher was very inspiring by example.  
008 Has allowed me the ability to complete task that I would otherwise

have relinquished to others.

009 Give me more confidence.

011 Being able to read better, as my eyes are getting worse.

014 Light to shine on what I need to look at.

015 Knowing there are so many services and ideas that are offered to help the visually impaired. I've learned to accept my condition and adapt accordingly because of the services rendered to me!

016 I can see to read with CCTV

017 I am able to read my newspaper using the electronic magnifier.

018 Now I can write my own lists and other documents, as well as sign my name in the proper space on official papers. I can hear the local newspaper read each morning.

019 I am able to read a little more, but still not as much as I'd like. Really enjoy the talking clock and watch.

022 I can read again. Also found out people are worse off than me. I see good enough to places but don't drive anymore. Don't work on my hobby like I use too.

024 Very very different helped my living 100%

025 More secure in what I do and that I can do it. I'm much more confident.

026 Help in seeing and getting around

027 Confidence and knowledge that as my vision decreases there is help.

028 With the equipment given to me, I am better able to read more. The clock will be very helpful if I have another eye operation. (It helps me now.) The large calendar helps me with all my appointments. Everything that [Name Removed] thought to bring to me has been very helpful.

029 I know how to do things better and read better. I do really well with the electronic magnifier.

030 The telephone with BIG BUTTONS and quick dial makes communicating easier. Tactile "dots" on appliances simplify doing laundry, use coffee pot, microwave, oven, etc.

032 Use of lighted magnifier helped to be able to read pocket books and other small printed items.

033 I have things, for example reader for books, to occupy my time.

034 More informed. Beginning to accept his problems.

035 Helps me with completing tasks like writing checks

038 Losing your eyesight is a trauma and my teacher helped me with appliances and things I didn't know before.

039 The increase in my ability to read. The audio machine is also helpful.

040 I could see how to work my appliances. I could not tell the label on my food products.

041 Enjoy reading book

042 The talking watch and the talking alarm clock have been the greatest help of all to me.

043 It made products I was not aware of available to me.  
044 White cane has given more confidence.  
045 Having my cane and training helps me to feel safe out and about. I received this in 2010-2011. [Name Removed] has taught me "Survival Braille" and now I don't depend on others while out. I can read restrooms, elevators and she also got me a money reader.  
046 Ability to read improved.  
047 Help me see how to read better with the magnifier and identify the color of my clothes.  
050 Enabled me to continue on my own without outside help since I only have one son available.  
051 I am more capable of looking after myself.  
052 I can read, and I can check my accounts  
054 Giving me self-independence  
055 Reading is much easier now, especially for pills, Bible and Sunday school book  
056 Made me more independent  
058 It was great meeting [Name Removed], she is a very caring person, I could tell she really wanted to help me find something that would work for me to be able to read. She was a blessing and a big help.  
060 Use of magnifiers and knowing that [Name Removed] is always available for info and assistance!!  
061 I never knew that anything like this was available (for free or otherwise). It has been very helpful in so many ways. I am now able to do things that I had given up like sewing and cooking is much easier.  
063 Proud the government has a program for the blind, we do need this. We need all the support and funds we can get. This is a wonderful thing and you guys do wonderful work. Alabama really needs this program.  
064 They have provided me with many things to help me with my blindness. The products have been very helpful like my shades, walker, and videos.  
066 Improved my life a lot.  
067 They suggested the use of glasses and a cap to cut down on rays and shades for the car window.  
068 The program has helped me to continue with daily chores (cooking, laundry, cleaning, etc.) Also has made me feel more independent.  
069 Provided aids for me I was not aware were available.  
072 Magnify glass, I can read my Bible easily.  
073 I am not so frightened to lose my sight now. I can always remember my teacher and how positive she is [Name Removed]. She has taught me how to improve being independent after my sight deteriorates.  
074 I missed being able to read. The talking books on tape are wonderful!  
075 The yellow anti-glare glasses for indoors really help.

076 Helped relate with teacher as she is blind and understands and helps.  
 077 It made a lots difference in my cook and watch TV.  
 078 The clock and calendar have been the most useful. I truly love them.  
 080 For me this program enhanced many of the things that I knew. It  
 provided me with some devices that I did not know about and services too.  
 081 Made some visual tasks easier  
 082 My magnifying glass was very helpful.  
 083 Visual aids I have received have helped a lot. We really like [Name  
 Removed]. She has been a great help. She is such a kind sweet person!  
 085 I am able to look at sales papers and can now use phone without  
 having to get someone to dial the number for me.  
 086 This program has helped me interact with others. Even lunch was  
 available. New friendships were formed. Some speakers were informative  
 and helped us understand our medical needs and useful objects needed.  
 Some were provided free. They are very useful. This program does not  
 end. I'm pleased to be able to call for help later as my vision gets worse. I  
 have Parkinson's and my teacher was just as helpful with my needs there.  
 Thank you from the bottom of my heart. This has helped my depression  
 greatly!  
 087 Enhanced independence for daily living  
 088 Very helpful taught me many to help with my future blindness.  
 090 Can see things better with magnifying glasses.  
 091 I think more people need to know about this services  
 092 I really enjoy the recorded Bible and being able to see TV.  
 093 Made me feel more independent.  
 094 I had given up. This program showed me I did not have to be a victim.  
 I can do anything I want to. Thank you.  
 095 The program has helped me to be more independent. I have to  
 depend on others less; without the program I never would have reached  
 the level of independence of where I am.  
 096 Talking clock, wrist watch and help with beginning the talking books,  
 and special radio to hear news programs  
 098 At present able to see a little better with the magnifier at full strength.  
 100 Help to write. Help machine that put in coffee. Very happy  
 102 There was no funding for a portable CCTV-Digital device. That would  
 have been great to have that.  
 103 Cooking and seeing TV  
 104 Support as went through visual changes  
 105 Helpful in several different ways. Thank you.  
 107 This helps me to know coins, read better and enjoy more activities.  
 The TV glasses help so much.  
 108 This program has allowed me the ability to increase my quality of life.  
 111 It has inspired me to sit up and take charge. To quit for whining about



everything.

112 I can see to read better with the stronger magnifier glass. Also, the audio books are helpful.

113 I can enjoy listening to books and learned an easy way to thread a needle.

115 Help with little things in my apartment. Can read a few things now with the machine.

116 Couldn't read without CCTV.

118 It has served to reopen some areas of my life that my low vision had robbed.

121 The tape player, the plastic check writing aid, the needles, and magnifier.

125 I love to read and I could not do that. I love the reader; I carry it around with me. Things like that have made a great difference.

127 I can do more on my own now.

128 I loved to read books. With me being blind the Freedom Scientific SARA CE has made a profound difference in my life at age 94.

129 It has helped me to be more independent, to do things on my own.

130 I felt helpless after several mishaps. My teachers showed me ways to stop the mishaps with equipment they provided.

131 Lamp on my bedside table. Watch what I wear every day. Magnifiers

132 I feel more confident after having received this service! Thank You! I am now capable of doing more things for myself. I am truly grateful for this wonderful service.

133 Using the CCTV I can better understand my church information.

134 I am able to do the things I could not do before. I can walk outside without a fear of falling.

135 I found out other people were like me. It sure helped me by being with these people. Thanks for the program.

136 Being able to do things I love to do.

138 Allows me now to read again

139 Writing her name in a straight line, and being able to see it.

140 Reading and watching TV

141 Able to read regular print.

142 I increased my ability to read especially small print.

143 I'll be able to cook because I can identify the contents of cans.

144 I meet people who live with the same challenges I face.

145 I believe I can read my mail, and read details. I think I'll be able to do that.

150 I know that people are out there to help and show us ways we are able to do for ourselves. Thank you.

152 I feel more relaxed and they gave me a machine to read books. I've really enjoyed listening to them.

153 Helped me with money, writing a check, cooking, microwave, reading Bible, and magnifier.

154 Before, I would go to the store and couldn't see anything, now with the magnifier I am more independent.

155 I think this is a great program. I use all the things that were given to me. And the teacher [Name Removed] is great.

156 Clock was beneficial. Counting money. Also script talk.

157 It has been a wonderful program for me.

158 Have more confidence when I try to do my work. My teacher was very helpful and encouraging. I feel like I can do so many things now that I could not do before I met my teacher. He was very helpful in every way.

159 It has helped me see better with magnification.

160 I am able to read my Bible and other reading material. My CCTV has me more than the hand held magnification.

161 Just being able to do for myself. Not having to depend on my granddaughter completely. I'm just so slow now where I used to be fast.

162 Helps me function in my home better. The glasses have been a big help also.

163 I love to read and have not been able to for 2 years. The talking books have definitely made my days brighter. The watch has been great and the glasses for watching TV is wonderful and the sunglasses are better than any I had.

165 I can use the watch to tell time. Recorder reads the Bible for me. Glasses help to see outside.

166 Allowing me to do simple things without waiting for help

167 The program has helped me to be able to read, use my microwave, to see myself in my mirror, and my watch tell me the time of day. Thank you so very much. The large number phone and clock.

168 The second magnifier was helpful.

169 Live in the independent living apartment/ retirement community.

171 It has made me pay more attention to myself and my disability. I am more open to know that "I" am the one who need help and assistance.

172 Giving confidence and some independence. This program is wonderful.

173 Confidence to make the best of what sight I do have.

174 Talking watch helps me not ask someone many times throughout the day to tell me what time it is. Signature form is very helpful. Money identifier is very helpful.

175 I can operate my stove better

176 Did love to read, now able to listen to books. Talking clock.

178 The program helped inform me on what is available to low vision people and to learn about what is best for my situation and how to obtain the things that may be beneficial. It, also, helped me to realize that all

things might not be best for me.

179 Easier adapting to vision loss. Able to do devotionals again with reader. Enjoy talking books.

180 Helped me to have more confidence in how I can continue to live alone.

181 Enables me to write and converse with friends and family.

182 Has improved my reading ability

183 To know that people are out there that care

186 Feel more confident. Handle my own mail to an extent.

187 The magnifiers help a great deal in reading!

189 Major is that the state of Alabama Rehabilitation service cares! I can only imagine what it means when someone goes blind. That teaching about how to get around gives hope.

190 I can read much better. I love to read!

192 The service has been greatly appreciated

194 More independent

196 Able to read through the reader. Can now do crossword puzzles and read the paper. Can write own checks and pay own bills.

197 Has given be greater independence and more confidence in being on my own with no outside help. Thank you to my teacher, [Name Removed], for being patient, kind, and understanding.

200 I can do more things for myself with the training and different devices I received from [Name Removed]. She gave me a lot of hands on training which made life much better for me. Thank you very much for this program!

201 More independence and I can read my own mail.

202 The vision aids! Digital book reader restored 75-80% of my reading interest. Identified controls on electronic and cooking devices with tapes that made them much easier to see and use. Measuring, timing and high contrast items that made cooking easier.

204 Can read the Bible in large print easily. Able to read with magnifier my bank statements and work on the computer.

205 The recorder with the Bible has helped. The large print Bible has helped so I can read more. The magnifier with light and walking cane were of great help. Much appreciation. Thank you. May God bless each of you.

206 To know that someone is there if you find the right resources such as Oasis!

207 Many helpful ideas about things I thought I couldn't do anymore.

208 Ability to use stove, oven, phone and adjust AC, etc. Ability to read.

209 A greater sense of self-worth and independence

210 Help with my computer

211 Things that he could not afford to buy it was available to him. Keep up the good work.

212 Talking clock- time passes slow anyway and when you don't know the time even slower. Reader and tapes- now has a past time again.

213 The ability to be able to read again.

214 I can see and read better. [Name Removed] was so helpful, polite and professional. Going to miss her. She did an exceptional job. She was a blessing.

215 Yes- we look forward to see her at the monthly meetings. Next one in [Name of Town Removed] July 12<sup>th</sup>

216 More aware that this service is needed to help those approaching blindness.

217 Independence!

220 I feel better. It has helped me to try harder as you can tell I try to print and read somethings.

222 Coming back to normality and doing things for myself.

223 Self-confidence. I don't have to call on others to solve a problem.

225 Provided low vision paper, list pad, put stickers on CD player, washing machine, dryer, and microwave. Can tell types of coins, put my paper money in my wallet, and apply toothpaste in mouth. Provided audio machine and tapes. I love the big 20/20 pens which I understand not being made anymore. I like the check guide and large check are available. Also love large print crossword puzzle book.

226 Helps me with telephone, reading and daily living.

227 I can now read

228 It has made me more independent again. Improved self-esteem.

230 My teacher and her assistant were friendly and professional. I felt comfortable with them and learned some new skills.

231 Better able to cook, read now

232 Able to move around more. The program was a blessing. I am most thankful.

234 I can listen to the Bible on CD's. My makeup mirror is great.

235 I'm independent

236 Comforting to know there are services like yours available to help. Otherwise a little too soon to make that judgement.

237 I am now able to do household tasks more easily and read better than before with Merlin.

239 More independent

240 The magnifier lets me make out my own bills and be able to read. The trick with the pins in the clothing helps me helps me match my clothes. Everything in the program has helped me to be more on my own.

243 Help in seeing settings on appliances. Lighting helps me see how to pay bills and keep up with medicine. Magnifier helps with everything. Desk lamp helps with everything- setting controls on kitchen and laundry appliances. And hand-held magnifier helps me with everything

244 So many little things that all make life so much easier. It's hard to pick one, but the TV glasses have been great. [Name Removed] was great! She was very knowable and professional as well as just caring and sweet. Always on time and kept us informed with everything. Give the girl a raise!

245 It has allowed me to make my life easier. I feel better about myself.

246 Help me be independent.

247 Being able to read. Aid in food preparation

248 This program has provided knowledge and skills to use as a person with low vision. I was completely unaware of the devices and their uses. They will prolong my independence beyond what it would be without the program. Thank you.

249 Helped to be able to see. Several other ways too.

251 Audio books! Had given up books! Other functions are easier - telling time; using calculator; dialing a phone.

252 Independence

253 Can read small print. Can tell time myself

257 Made me feel more independent. I can do so much more. I don't have to live with my kids.

258 The table talk mechanism has helped me considerably in hearing and taking part in table conversations. The magnifiers have been helpful in many task requiring reading. The binoculars have helped with TV viewing. I have less stress in many type of situations.

259 I am finding more use each day for the CCTV in helping me read.

260 The lighted magnifier. The talking watch although the battery ran out after a few months, and it was much too large for my wrist.

264 Liberty

266 Teaching how to count my money without removing my wallet from my purse. Magnifier glasses for watching TV. Magnifier for reading. Lap desk is very nice and helpful.

268 Has learned a lot on how to function in my home and when I'm out walking

### **Additional Comments**

015 I would wonder how long can my husband be able to care for me as my eyes worsen!

024 All the services I received from [Name Removed] were excellent. She was most helpful to me.

031 Didn't make a difference pertaining to personal independence

034 I am his wife and I will take care of him as long as I can

073 I am so thankful to have met my therapist, [Name Removed], and I believe after her visits, I can be more positive about my sight loss. I have had this for 6 years, wet in right eye and dry in the left eye. Presently, there

is no correction for dry macular. I visit my 3 doctors on a regular basis and as soon as some dry muscular treatment, they will advise me.

076 Did 21 day swing bed upon release and was told of this program

080 I would like to say "thank you" I greatly appreciated the services your program provides. But most of all I would, especially, like to thank [Name Removed] for her professionalism, patience and overall kindness. Thanks you!

084 I am living in a foster home because I am going blind.

092 I really enjoyed the recorded Bible and being able to see TV

113 I have told my friends about your services.

114 I wasn't planning on leaving my home. I am not that bad off.

115 Teacher/ assistance was first offered in my home in [Name Removed] County. Moved to [Name Removed] when spouse died. He helped me with everything. So the teacher has helped me but I was already in a retirement facility when she started coming.

118 Somewhat - in certain areas. At this point, being able to read important items was my main problem.

132 Health has slightly worsened and is currently living in assistant living

139 Completed by husband

141 My caregiver helped complete this survey. He did the marking and writing.

148 Totally blind in both eyes

156 Totally blind. The services help me, but I can live alone. If I didn't have these I would just have to find alternatives.

158 My teacher was very, very helpful in every way. I appreciate everything he has done for me. Always on time for the appointments.

169 [Name Removed] is very kind, patient, understanding, and very happy. Very knowledgeable toward the individual.

174 I have a spouse, but I could not live alone.

178 I am where I plan to stay at this time. Of course I do realize that life is ever changing and we all need to learn to cope!

202 Took over an hour to complete

215 Thank you for your wonderful services and visits by [Name Removed].

233 [Name Removed] is satisfactory!

234 I am sorry I delayed in completing this survey, I am grateful for the help received from my teacher.

237 I do not live alone at this time. If I did, answer would be yes.

239 Keep up the good work!

241 Did not tell [Name Removed] about the hearing loss

257 This has been a blessing and everyone has been patient and understanding to me.

258 By living in community there are people near who are able to offer assistance when needed. I am a member of a religious community and are

well cared for.

259 I am proud that Alabama provides these services to those who need it.  
Thank you.

265 Very, very good teacher.

266 Thank you for all the aides. It was so exciting to receive the aids. I felt like it was Christmas.





## APPENDIX C: RSA 7-OB Report

Annual Report - Independent Living Services For Older  
Individuals Who Are Blind  
RSA-7-OB for Alabama Department of Rehabilitation Services -  
H177B150001 report through September 30, 2015

Part I: Funding Sources And Expenditures

Title VII-Chapter 2 Federal grant award for reported fiscal year	479,980
Other federal grant award for reported fiscal year	0
Title VII-Chapter 2 carryover from previous year	343,443
Other federal grant carryover from previous year	0
A. Funding Sources for Expenditures in Reported FY	
A1. Title VII-Chapter 2	560,925
A2. Total other federal	0
(a) Title VII-Chapter 1-Part B	0
(b) SSA reimbursement	0
(c) Title XX - Social Security Act	0
(d) Older Americans Act	0
(e) Other	0
A3. State (excluding in-kind)	53,331
A4. Third party	0
A5. In-kind	0
A6. Total Matching Funds	53,331
A7. Total All Funds Expended	614,256
B. Total expenditures and encumbrances allocated to administrative, support staff, and general overhead costs	192,410
C. Total expenditures and encumbrances for direct program services	421,846

**Part II: Staffing**

FTE (full time equivalent) is based upon a 40-hour workweek or 2080 hours per year.

**A. Full-time Equivalent (FTE)**

Program Staff	a) Administrative and Support	b) Direct Service	c) Total
1. FTE State Agency	5.2100	7.6100	12.8200
2. FTE Contractors	0.0000	0.0000	0.0000
3. Total FTE	5.2100	7.6100	12.8200

**B. Employed or advanced in employment**

	a) Number employed	b) FTE
1. Employees with Disabilities	13	3.3000
2. Employees with Blindness Age 55 and Older	6	1.2000
3. Employees who are Racial/Ethnic Minorities	13	4.2000
4. Employees who are Women	44	10.9000
5. Employees Age 55 and Older	16	4.1200

**C. Volunteers**

C1. FTE program volunteers (number of volunteer hours divided by 2080) 0.00

**Part III: Data on Individuals Served**

Provide data in each of the categories below related to the number of individuals for whom one or more services were provided during the reported fiscal year.

**A. Individuals Served**

1. Number of individuals who began receiving services in the previous FY and continued to receive services in the reported FY	355
2. Number of individuals who began receiving services in the reported FY	669
3. Total individuals served during the reported fiscal year (A1 + A2)	1,024

**B. Age**

1. 55-59	63
2. 60-64	108

3. 65-69	96
4. 70-74	95
5. 75-79	127
6. 80-84	172
7. 85-89	187
8. 90-94	122
9. 95-99	45
10. 100 & over	9
11. Total (must agree with A3)	1024

#### C. Gender

1. Female	723
2. Male	301
3. Total (must agree with A3)	1,024

#### D. Race/Ethnicity

1. Hispanic/Latino of any race	<i>0 For individuals who are non-Hispanic/Latino only</i>
2. American Indian or Alaska Native	2
3. Asian	1
4. Black or African American	226
5. Native Hawaiian or Other Pacific Islander	0
6. White	795
7. Two or more races	0
8. Race and ethnicity unknown (only if consumer refuses to identify)	0
9. Total (must agree with A3)	1,024

#### E. Degree of Visual Impairment

1. Totally Blind (LP only or NLP)	58
2. Legally Blind (excluding totally blind)	416
3. Severe Visual Impairment	550
4. Total (must agree with A3)	1,024

#### F. Major Cause of Visual Impairment

1. Macular Degeneration	516
2. Diabetic Retinopathy	93
3. Glaucoma	180
4. Cataracts	21
5. Other	214
6. Total (must agree with A3)	1,024

#### G. Other Age-Related Impairments

1. Hearing Impairment	403
2. Diabetes	347
3. Cardiovascular Disease and Strokes	670
4. Cancer	167
5. Bone, Muscle, Skin, Joint, and Movement Disorders	565
6. Alzheimer's Disease/Cognitive Impairment	100
7. Depression/Mood Disorder	100
8. Other Major Geriatric Concerns	435

#### H. Type of Residence

1. Private residence (house or apartment)	916
2. Senior Living/Retirement Community	54
3. Assisted Living Facility	41
4. Nursing Home/Long-term Care facility	13
5. Homeless	0
6. Total (must agree with A3)	1,024

#### I. Source of Referral

1. Eye care provider (ophthalmologist, optometrist)	256
2. Physician/medical provider	17
3. State VR agency	82
4. Government or Social Service Agency	172
5. Veterans Administration	1
6. Senior Center	8
7. Assisted Living Facility	5
8. Nursing Home/Long-term Care facility	2
9. Faith-based organization	2
10. Independent Living center	4
11. Family member or friend	217
12. Self-referral	218
13. Other	40
14. Total (must agree with A3)	1,024

**Part IV: Types of Services Provided and Resources Allocated**

Provide data related to the number of older individuals who are blind receiving each type of service and resources committed to each type of service.

**A. Clinical/functional vision assessments and services**

	Cost	Persons Served
1a. Total Cost from VII-2 funds	4,783	
1b. Total Cost from other funds	531	
2. Vision screening / vision examination / low vision evaluation		231
3. Surgical or therapeutic treatment to prevent, correct, or modify disabling eye conditions		0

**B. Assistive technology devices and services**

	Cost	Persons Served
1a. Total Cost from VII-2 funds	114,122	
1b. Total Cost from other funds	12,680	
2. Provision of assistive technology devices and aids		827
3. Provision of assistive technology services		868

**C. Independent living and adjustment training and services**

	Cost	Persons Served
1a. Total Cost from VII-2 funds	260,577	
1b. Total Cost from other funds	12,680	
2. Orientation and Mobility training		201
3. Communication skills		586
4. Daily living skills		769
5. Supportive services (reader services, transportation, personal)		4
6. Advocacy training and support networks		222

7. Counseling (peer, individual and group)		409
8. Information, referral and community integration		471
. Other IL services		554

**D. Community Awareness: Events & Activities**

	Cost	a. Events / Activities	b. Persons Served
1a. Total Cost from VII-2 funds	180		
1b. Total Cost from other funds	20		
2. Information and Referral			0
3. Community Awareness: Events/Activities		613	6,889

**Part V: Comparison of Prior Year Activities to Current Reported Year**

**A. Activity**

	a) Prior Year	b) Reported FY	c) Change ( + / - )
1. Program Cost (all sources)	487,082	560,925	73,843
2. Number of Individuals Served	1,027	1,024	-3
3. Number of Minority Individuals Served	230	229	-1
4. Number of Community Awareness Activities	288	631	343
5. Number of Collaborating agencies and organizations	42	86	44
6. Number of Sub-grantees	0	0	



**Part VI: Program Outcomes/Performance Measures**

Provide the following data for each of the performance measures below. This will assist RSA in reporting results and outcomes related to the program.

	Number of persons	Percent of persons
A1. Number of individuals receiving AT (assistive technology) services and training	868	100.00%
A2. Number of individuals receiving AT (assistive technology) services and training who maintained or improved functional abilities that were previously lost or diminished as a result of vision loss. (closed/inactive cases only)	583	67.17%
A3. Number of individuals for whom functional gains have not yet been determined at the close of the reporting period.	281	32.37%
B1. Number of individuals who received orientation and mobility (O & M) services	201	100.00%
B2. Of those receiving orientation and mobility (O & M) services, the number of individuals who experienced functional gains or maintained their ability to travel safely and independently in their residence and/or community environment as a result of services. (closed/inactive cases only)	139	69.15%
B3. Number of individuals for whom functional gains have not yet been determined at the close of the reporting period.	61	30.35%
C1. Number of individuals who received communication skills training	586	100.00%
C2. Of those receiving communication skills training, the number of individuals who gained or maintained their functional abilities as a result of services they received. (Closed/inactive cases only)	397	67.75%
C3. Number of individuals for whom functional gains have not yet been determined at the close of the reporting period.	189	32.25%
D1. Number of individuals who received daily living skills training	769	100.00%
D2. Number of individuals that experienced functional gains or successfully restored or maintained their functional ability to engage in their customary daily life activities as a result of services or training in personal management and daily living skills. (closed/inactive cases only)	541	70.35%

D3. Number of individuals for whom functional gains have not yet been determined at the close of the reporting period.	228	29.65%
E1. Number of individuals served who reported feeling that they are in greater control and are more confident in their ability to maintain their current living situation as a result of services they received. (closed/inactive cases only)	702	n/a
E2. Number of individuals served who reported feeling that they have less control and confidence in their ability to maintain their current living situation as a result of services they received. (closed/inactive cases only)	2	n/a
E3. Number of individuals served who reported no change in their feelings of control and confidence in their ability to maintain their current living situation as a result of services they received. (closed/inactive cases only)	30	n/a
E4. Number of individuals served who experienced changes in lifestyle for reasons unrelated to vision loss. (closed/inactive cases only)	40	n/a
E5. Number of individuals served who died before achieving functional gain or experiencing changes in lifestyle as a result of services they received. (closed/inactive cases only)	1	n/a

## Part VII: Training and Technical Assistance Needs

Please enter a brief description of training and technical assistance needs that you may have to assist in the implementation and improvement of the performance of your Title VII-Chapter 2 program in your state.

Continuing to provide funding for grants like the Independent Living Services for Older Individuals Who Are Blind (OIB) Training and Technical Assistance Program Grant that was awarded to Mississippi State University is needed. MSU has done a great job of bringing OIB programs together through training conferences, conference calls, and a listserv. More of these activities are needed so that programs can share information and best practice ideas with each other. Technical assistance in regard to recruiting and training qualified Vision Rehabilitation Therapists is always needed.

## Part VIII: Narrative

A. Briefly describe the agency's method of implementation for the Title VII-Chapter 2 program (i.e. in-house, through sub-grantees/contractors, or a combination) incorporating outreach efforts to reach underserved and/or unserved populations. Please list all sub-grantees/contractors.

The Alabama Department of Rehabilitation Services (ADRS) administers older blind services funded under Title VII Chapter 2 as the Older Alabamians System for Information and Services (OASIS) program. Services are provided in all 67 counties through a network of 20 Vision Rehabilitation Therapists (VRTs) and six Orientation and Mobility (O&M) Specialists positioned in 11 ADRS offices. Specifically, these O&M positions are based in Huntsville, Birmingham, Dothan, Montgomery, Mobile and Tuscaloosa to provide these services across the state. There are also a number of O&M Specialists on the state vendor list for purchased services as needed to provide services to all areas. Three VRT positions are employed at 1.0 FTE using Title VII-2 funds, devoting 100% of their time to the Program. Seventeen VRTs and the five O&M Specialists are employed with funds provided by ADRS and the Alabama Institute for the Deaf and Blind, devoting 25% of their time to the program. All staff are provided Title VII Chapter 2 funds to purchase needed aids for independent living instruction and assistive technology such as CCTVs, handheld electronic magnifiers, and OCR devices. In addition to in-home services, center-based services are available through a partnership with the Alabama Institute for Deaf and Blind Regional Centers in Huntsville, Birmingham, Muscle Shoals, Tuscaloosa, and Mobile.

B. Briefly describe any activities designed to expand or improve services including collaborative activities or community awareness; and efforts to incorporate new methods and approaches developed by the program into the State Plan for Independent Living (SPIL) under Section 704.

The Alabama Department of Rehabilitation Services seeks to incorporate the unique approach to the Title VII Chapter 2 Program into the State Plan for Independent Living under Section 704 of the Rehabilitation Act of 1973 as amended. Of note are several methods and approaches implemented and/or maintained in fiscal year 2016.

OASIS maintains an Advisory Council that consists of over 20 agencies, organizations and consumers groups that serve seniors, persons with visual impairment, blindness, or both. The Council meets quarterly and forms the basis of many collaborative partnerships for the OASIS program and learning about available services. This year the Eyesight Foundation of Alabama joined the Advisory Council and shared information about a new initiative they have in partnership with Prevent Blindness called the Alabama Vision Coalition. The Alabama Vision Coalition's mission is to improve vision related services for Alabamians and improve access to care. OASIS is represented by the Program Director on the Alabama Vision Coalition.

One of our partners on the Council is the Middle Alabama Area Agency on Aging (M4A). We participate in their quarterly meetings, and in their Blooming Benefits Day in Jefferson, Shelby, Chilton, Blount, and Walker counties, which are great avenues to increase community awareness. This year the M4A Ombudsman hosted the Protecting Alabama's Elders Conference which focused on elder abuse identification, protection, and prevention. Also, a representative of the M4A shared information with the Council on the Aging and Disability Resource Centers, Alabama's "No Wrong Door" initiative funded by Medicaid.

OASIS continues to collaborate with the Department of Veterans Affairs Southeastern Blind Rehabilitation Center, which is also represented on our Advisory Council. With a new Visual Impairment Services Team Coordinator on staff at the center, OASIS reached out to include them in the Advisory Council and speak to OASIS staff and vocational rehabilitation counselors at a unit meeting. Similarly, OASIS has a working relationship with the UAB Center for Low Vision Rehabilitation as they serve many seniors statewide who have vision loss. ADRS staff work closely with their UAB Connections support group, helping them prepare for the Dining in the Dark event. They are a good referral source and we value their partnership. UAB also provides our Camp SAVI participants low vision assessments through their contract with the Alabama Institute for the Deaf and Blind.

OASIS continued its Camp SAVI (Seniors Adjusting to Visual Impairment) for the fourth year. This year's event was held April 10th through the 15th, with 8 consumers and 5 support persons participating. Through a collaboration between OASIS, AIDB's EH Gentry Facility, and the UAB Department of Optometry participants were given low vision, hearing, and technology assessments. In addition, independent living and adjustment to blindness training was provided by OASIS staff and AIDB staff. Support persons learned more about vision and hearing loss, the adjustment process, and how to better assist their family member. In addition to training in independent living skills, a visit to the Anniston Museum of Natural History allow them to explore and consider seeking accommodations to enjoy similar attractions in their home community.

OASIS and the American Foundation for the Blind/ VisionAware have a working partnership maintaining 16 information kiosks on low vision and blindness located around the state, which are maintained by ADRS VRT's. OASIS continues to maintain a license to access AFB's online training on a variety of topics related to seniors with vision loss. Several current staff have completed the 20 training modules and new staff are expected to complete it. OASIS maintains affiliation with 30 support groups throughout the State of Alabama with the support of our VRT's and O&M Specialists. A majority of these support groups are in rural areas and assist staff to locate resources for consumers as well as helping consumers with finding about OASIS services. This year the OASIS Coordinator held conference calls for support group leaders to learn of resources and strategies. Also, a statewide email list of over 100 names provides these groups with information and resources is maintained by our Coordinator of Rehabilitation Teachers and Orientation and Mobility Specialists.

ADRS is a supporter of staff training for our VRT's and O&M Specialists to augment their ability to serve consumers.

One in-service meeting was held in FY16 and focused on areas of the functional assessment that needed remediation and additional training. Staff also participated in the Blind Services Retreat, State AER Chapter conference, consumer group conferences, a Medical Aspects of Disability conference, and local trainings. Having the 2016 Association of Vision Rehabilitation Therapist hosted in Birmingham, AL allowed our staff to here from experts in the field from around the country and network with staff from other areas. For out-of-state training, the program Director and Coordinator, along

with the Coordinator of Vision Rehabilitation Therapists attended the AER International Conference on Veteran's and Aging in Norfolk, VA and the AFB Leadership Conference in Arlington, VA which provided a track for older-blind programs. In addition, our agency was able to send five of our O&M Specialists to the 2016 Southeast O&M Association's (SOMA) 50th anniversary conference in Chattanooga, TN. In FY 16 OASIS implemented changes in how staff recorded community activities to better reflect the standards of the current 7-OB report. In this year staff completed 613 community awareness activities, reaching an estimated 6,889 people and 86 local community agencies. Also, an OASIS Advisory Council member and former consumer was highlighted in the ADRS 2016 Annual Report which is provided to legislators and others to inform them on ADRS programs and services.

C. Briefly summarize results from any of the most recent evaluations or satisfaction surveys conducted for your program and attach a copy of applicable reports.

A Consumer Satisfaction Survey was distributed to each OASIS consumer at program closure during federal fiscal year 2016. Consumers were told that their participation was voluntary and that their responses would be confidential. Findings from analyses of 268 returned surveys indicate that 99.2% of respondents agreed or strongly agreed that services were provided in a timely manner. Further, all respondents agreed or strongly agreed that teachers were attentive and interested in their well-being, and that their teachers were familiar with blindness-specific techniques and aids. Additionally, 98.5% were satisfied with the quality of services received.

Consumers responded to questions regarding services related to their ability to travel safely and independently in their home and/or community; complete tasks in the home (i.e. use appliances, cook safely, clean and organize their home, etc.); use of a magnifier to complete tasks; their dependence on others in performing daily activities; their perceptions of control and confidence in maintaining living situations; and sufficient instruction of devices and equipment. For each of these questions, consumers were asked if they agreed or disagreed with each of the statements related to each service area. If they did not receive/request a specific service, they were also asked to provide this information. Note that percentages for each service may not total 100% due to rounding.

- When asked about their confidence to travel in the home and community after receiving services, 68% of consumers agreed they were more confident, 16% somewhat agreed, and 4% disagreed. 15 consumers reported that they did not receive this service, of which eleven said they would have liked to receive this service.

- When asked about completing tasks in the home 87% of consumers agreed they were better able to complete these tasks, 11% somewhat agreed, and 1% disagreed. 37 consumers reported that they did not request this service of which three would have liked to receive this service.

- When asked about their ability to use a magnifier to complete tasks, 86% of consumers agreed they were better able to complete tasks, 11% somewhat agreed, and

1% (n = 1) disagreed. 27 consumers reported they did not request this service, of which three would have liked to receive this service.

- Of consumers receiving services, 78% agreed they were less dependent on others, 9% somewhat agreed, and 1% disagreed that they were less dependent on others.
- When asked about functioning before services 81% indicated they now have greater control and confidence in their ability to maintain their current living situation, 20% somewhat agreed, and 3% disagreed feeling less control and confidence.
- Among consumers receiving instruction on devices or equipment 88% agreed that their instruction was sufficient to ensure use of the device, and 9% somewhat agreed, 1% disagreed, and 3% would have liked more instruction. 90 consumers reported they did not request this service. (Note that the question asked about specific devices: CCTV, digital recorder, pen friend, or reading machine.)
- When asked if they found peer support groups helpful 34% agreed, 3% somewhat agreed, 1% disagreed, 9% said they were not able to get a ride to attend, 12% said they were not given information about peer support groups, and 41% said they were not interested in attending a peer support group.

In addition to demographic questions, the survey included questions regarding changes in vision and health over the previous year. Results indicated that 64% of consumers had experienced reduced vision, 3% had improved vision, and 33% had stable vision. With respect to overall health, 27% reported that their health had worsened, 8% reported improved health, and 65% reported stable health. Consumers were also asked if they had considered going into a nursing home before receiving services and if services had helped them remain in their homes: 23% of respondents reported they had sometimes or often considered a nursing home; 79% reported that OASIS services had helped them remain in their homes.

Overall, these results demonstrate the high quality of services and the substantial benefits consumers received from participating in the OASIS program. A copy of the complete program evaluation report conducted by Mississippi State University's National Research and Training Center will be available in early 2017.

D. Briefly describe the impact of the Title VII-Chapter 2 program, citing examples from individual cases (without identifying information) in which services contributed significantly to increasing independence and quality of life for the individual(s).

A total of 1,025 persons were served by the OASIS Program during FY 16. Of those, 681 completed their program with their VRT and/or O&M Specialist, receiving 2,666 total hours of instruction, an estimated \$179,229 of equipment, and reported greater control in their ability to maintain their current living situation. The program also purchased 39 new and recycled 79 pieces of assistive technology to consumers for reading or accessing print. For consumers in underserved areas 60 hours of contract orientation and mobility instruction was provided to 16 consumers. Demographically

73% of the population was 70 years of age and older, and 27% were “Baby Boomers” (age 55-69). With consumers served reported being 79% white and 20% African American which is consistent with the 2010 Census data for people 55 and older, at 78% and 20% respectively. Macular degeneration, diabetic retinopathy and glaucoma continue to be the most common cause of vision loss experienced by consumers. The leading secondary conditions for consumers were cardiovascular disease, bone, muscle and joint disorders, hearing impairment, and diabetes.

Each consumer has an Individualized Plan for Rehabilitation Teaching or an Individualized Plan for Orientation and Mobility. In FY 16 769 consumers were provided daily living skills training, 585 were provided communication skills training, 201 were provided orientation and mobility training, and 867 were provided assistive technology training. Below are examples of consumers who were served in FY 16.

Consumer A is a female consumer who lives in DeKalb County. A retired special education teacher, a stroke caused her to leave her job. She was diagnosed later with macular degeneration which started out slow, but progressed quickly. She was initially taught to use a 3X magnifier, but within a few months she was needing 6X magnification. She had indoor and outdoor glare issues, and qualified for a CCTV because she was responsible for writing the checks, paying bills, and dispensing her husband’s medications as well as her own. She is involved with her church and Bible studies, so she wanted to continue to read. Her VRT also marked her kitchen and laundry appliances with Bump Dots. They also worked on kitchen safety and other areas of independent living. The consumer had already developed her own labeling strategies and ways of combating glare. For example, the consumer used car window shades for infants to block out glare while traveling. The consumer’s husband could not understand why she couldn’t see or do the things she use to do. She asked the VRT to help her husband understand what she was experiencing. The VRT shared goggles that simulate macular degeneration with him and had him do different tasks and activities. This showed him what his wife goes through every day with her loss of vision and gave him a much clearer appreciation for the difficulty she was having as well as how he could work to make the home more accessible for his wife.

Consumer B is an 84 year old Caucasian male who was married to his wife for over 30 years and they resided in Orange Beach, Alabama. He served his country with the Army and was a very dedicated service man. His vision loss is due to wet macular degeneration in the left eye and dry macular degeneration in the right eye. He was battling the loss of his vision while taking care of his wife who had with cancer and unfortunately passed away. Through Consumer B’s program with his VRT he learned to use adapted aids for time telling, managing medications, writing skills for making lists and other correspondence, and aides for budgeting and balancing his checkbook. Consumer B was able to read small print such as his household monthly bills, newspapers, and his Bible after being taught to use a magnifier. To block the glare and protect his vision he was taught to use light filtering glasses. He was also taught safety techniques in the kitchen. All of these services have allowed him to live independently in his home by himself with great confidence in his everyday life skills and adjust to life after vision loss and the loss of his wife.

Consumer C is a 77-year-old woman who is blind with no light perception that lives alone in a private home. She was referred to the vision rehabilitation therapist at ADRS by the Alabama Institute for the Deaf and Blind. The consumer had been blind for over 15 years before meeting with the VRT this year and she was in need of training in many areas. Consumer C was receiving a large amount of mail each day regarding the management of her health and she was frustrated because she had to constantly ask others to read her mail for her. The consumer mentioned that she felt that some of her mail pertained to issues too personal to be seen by others. An EyePal Solo text-to-audio reading device was donated to the VRT by a person who had owned it for many years. The Eye Pal Solo had not been issued by a rehabilitation agency. The VRT determined that the consumer could benefit from the device especially for the purposes of reading mail. The consumer was introduced to the device and was trained to use it. Consumer C was extremely happy to receive the EyePal Solo from the generous person who donated it. In addition to adaptive reading the consumer also demonstrated great progress in the following living skills training areas: talking time pieces, talking glucose meters, money identification, talking calculators, adaptive telephone usage, use of digital recorders, meal preparation, care for clothing, using electric outlets safely, adaptive games and puzzles, and information on attending her local vision loss support group. These services helped the consumer to become more independent in her home. After her training, the consumer felt that she had greater control and had an improved attitude about maintaining her independence.

E. Finally, note any problematic areas or concerns related to implementing the Title VII-Chapter 2 program in your state.

Of particular concern for our program is the difficulty in which we have to find qualified applicants for vacant positions as we anticipate potential retirements in the future. Another concern is the effect of the expected growth of Baby Boomers that will need our services, as they already make up 25% of FY 16 consumers. Difficulty reaching out to underserved populations such as the Hispanic community continues to be a concern for us as well.